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Oral Hygiene

JUNE 1944



Rear Admiral
Alexander G. Lyle
(D.C.) U. S. N.



Official
U. S. Navy
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**THE CLEVELAND DENTAL
MANUFACTURING COMPANY**

is proud to announce the
presentation of the

ARMY-NAVY PRODUCTION AWARD

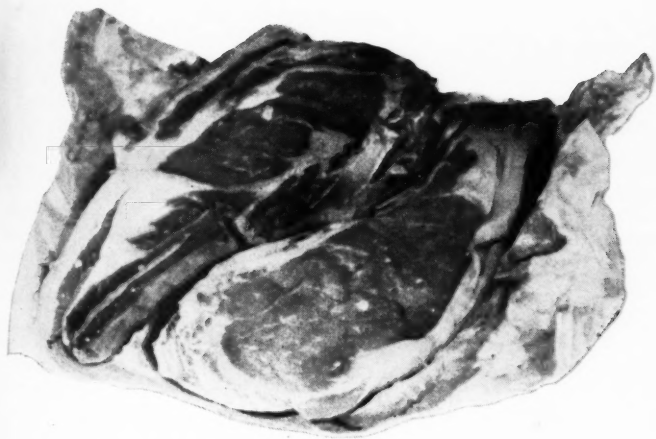
FOR OUTSTANDING ACCOMPLISHMENT
IN THE PRODUCTION OF MATERIALS
NEEDED FOR THE WAR EFFORT

to the men and women of the company

at

CLEVELAND, OHIO, MAY 14, 1943





You profit because

THEY WANT MEAT

. . . . AND GET IT!

It's editorial meat we're talking about . . . the meat that means *greater returns for advertisers*. Dentists *get it* in Oral Hygiene.

Because they read Oral Hygiene "from cover to cover" (we're quoting an expression used by many of the dentists themselves), because they save it for "re-reading and reference" (again we're quoting), your Oral Hygiene advertising gets a great deal more than normal attention.

In a recent study to find out what types of articles dentists like best, a questionnaire was sent out, asking which features and departments the dentist had read in the March issue. The questionnaire *didn't mention advertising at all*. It wasn't designed to get any information for advertisers. It was simply to be used as a check for our editorial department.

Yet 13% of the dentists who answered the questionnaire *voluntarily* added notes telling us they read the advertising in Oral Hygiene too.

Here are some of these comments:

"Consider this magazine a valuable one for its concise professional and business material, and enjoy its advertising pages as a means of keeping in touch with new materials and equipment."

"It's a good magazine and has variety enough to be interesting in some of its parts each issue. I like its advertising."

"I can keep up with the new by just looking over the advertisements. A swell little book that I look for every month. I sure would hate to miss it."

"A damn handy publication, for I'm always in search of the address of one or more of your advertisers. Editorial comment recently is excellent. Keep pouring it on."

And here are some more comments. We think you will be interested in them even though they don't directly mention advertising. They tell, in the dentists' own words, why they read and prefer Oral Hygiene:

"I always look forward to receiving Oral Hygiene. Most of the articles are short and to the point. A good many of the articles can be read while we relax a few minutes during the day from our busy routine."

"There's a place for every issue of Oral Hygiene in the busy dentist's list of 'must-read' periodicals."

"Think Oral Hygiene is the most interesting all-purpose dental magazine extant. More variety than others—more varied topics—breaks the monotony of technical articles."

"I find Oral Hygiene more instructive than some of the others that I pay for."

"I think Oral Hygiene is a very practical magazine, and after all, what we all need is practical stuff."

"I find Oral Hygiene a very interesting magazine for the busy dentist—and at present we are all in this classification. In many cases Oral Hygiene's articles and information suit the general practitioner better than the best scientific journal."

"The first dental magazine I read each month."

"I read more of Oral Hygiene than of any other dental journal."

"I get more out of Oral Hygiene than any other dental magazine. Put up in a way the ordinary dentist can get the maximum from it."

"I like Oral Hygiene.

I look for it.

I read it—all of it.

I save it.

I frequently refer to it."

Do you see what we mean when we say that you profit because dentists want meat—and get it—in

Oral Hygiene

THE MAGAZINE WHICH HAS, FOR OVER 32 YEARS, CONSISTENTLY LED IN RESULTS



**5 cents a year per
dentist buys twelve
double-page spreads
in ORAL HYGIENE**

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J & J ABSORBENT POINTS

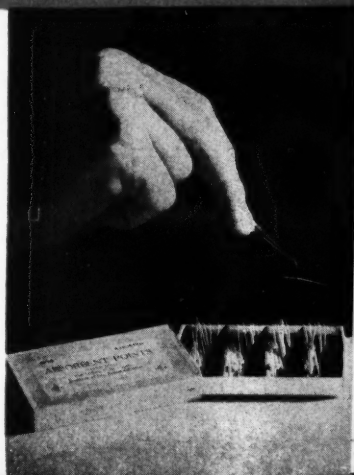
STERILE • STIFF • ABSORBENT

• Specially-selected material goes into the making of J & J Absorbent Points, which are completely fashioned by hand, then sterilized *after packaging*. Their fine, even taper and wire-like stiffness makes them ideal for drying pulp canals and applying cavity lining. Supplied in boxes of 200 and 400, Assorted Sizes, and 200 Fine or Coarse.

ORDER FROM YOUR DEALER

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

DENTAL DIVISION



The Publisher's Corner

By Mass

Number 264



IT'S A LOT OF BOTHER to gather material for ORAL HYGIENE feature articles. Editorially, O.H. reflects the *now* in dental life, so you can't loll around waiting for material. Thus—for example—the editor sent Staff Photographer Homer Sterling chugging through deep snow to Carlisle Barracks, Pa. The result is A DAY IN THE LIFE OF A DENTAL OFFICER. (See page 772.)

It would have been a cinch to fill these few pages with stuff that someone sat down and thought up in a warm room. But that wouldn't be like ORAL HYGIENE's editors,

who do things the hard way so that
(Continued on page 750)



"The tooth, the whole tooth... and the gums!"

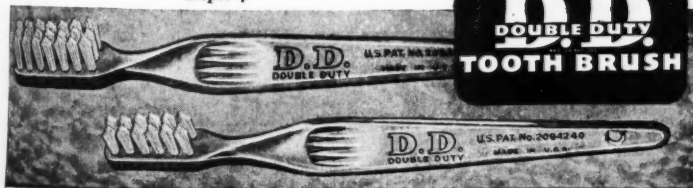
LINGUAL BRUSHING

with the **D. D. TOOTH BRUSH**

THE D. D. Tooth Brush makes it easier for the patient to really brush those so-often neglected lingual tooth surfaces. The unique twist of the D. D. Tooth Brush handle permits more correct placing of the brushhead on even hard-to-reach lingual planes.

Tooth Brush—which over 1000 dentists helped design—manages to penetrate to every accessible tooth area. Its compact brushhead, flexible resilience of bristles, and carefully spaced tufts all make the D. D. Tooth Brush a scientific and modern aid to oral hygiene. Available in either the two row, or three row type.

Bristol-Myers Company, 630 Fifth Ave., N. Y. C.
Dept. 4





THE CLINICAL ROLE OF **CĒPACOL** Brand of Alkaline Germicidal Solution IN DENTAL OPERATIVE PRACTICE

Based on the unique properties of a powerful, non-mercurial germicide developed by Merrell Research, Cēpacol fits perfectly into your antiseptic technic as follows:

CĒPACOL AT THE CHAIR...



By providing *superior bactericidal effect* against pathogenic oral bacteria, together with *increased mucin-clearing detergent action*, Cēpacol affords a valuable adjunct to your instrumentation in exodontia, scalings, impression-taking, orthodontic treatments.

CĒPACOL IN VINCENT'S INFECTION...



Because of the necrosis and acidity usually present, Cēpacol offers an excellent and logical adjunct to specific treatment. May be used at the chair and as home follow-up.

HARMLESS TO DENTAL INSTRUMENTS, ARTIFICIAL DENTURES



Germicidal, detergent, non-corrosive to metal, Cēpacol is ideal for immersion of dentures and bridges, or dental instruments following sterilization.



A Peptizing, Cleansing
Dentifrice

DETOXOL

Brand

**TOOTH PASTE
TOOTH POWDER**

Ethically Promoted to
the Dental Profession
ONLY

PLEASANT TASTING...

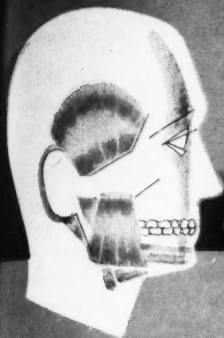
Used as oral rinse or spray, Cēpacol has a delightful, refreshing flavor that appeals to your patients. Available at prescription pharmacies in pints and gallons.

MERRELL

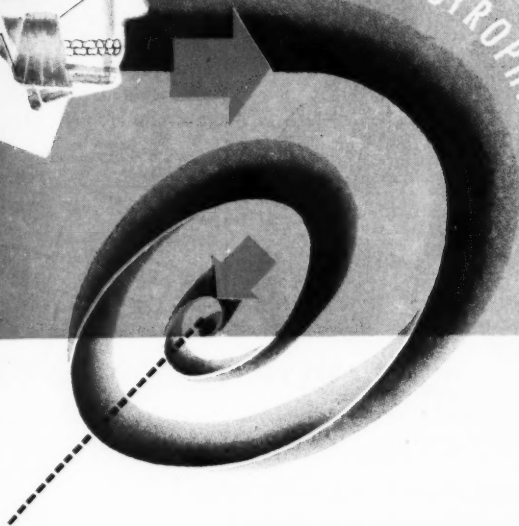
Trade Marks "Cēpacol"
and "Detoxol"
Reg. U. S. Pat. Off.

THE WM. S. MERRELL COMPANY

CINCINNATI, U. S. A.



STOP THE AMYOTROPHIC
TREND



THE trend toward atrophy of the masticatory muscles through disuse, is an alarming aspect of modern civilization. To it authorities ascribe many occlusal pathologies.

The fault, of course, frequently lies with modern soft foods, requiring minimal triturative effort. To compensate, many dentists recommend regular extra-masticatory exercise with a large, firm, non-nutritive bolus (such as is provided by Dentyne).

Its stiffer resilience provides an adequate degree of pressure stimulation—so necessary for structural integrity and functional efficiency—and its "clean" refreshing flavor makes routine use a pleasant indulgence for the patient.



Dentyne

CHEWING GUM

THE IDEAL MASTICATORY

CAMPHO-PHENIQUE



**for
PROMPT RESULTS!**

Campho-Phenique is very useful as a swab or as a wet pack after operative procedure or on inflamed or irritated oral mucous membrane. It is particularly beneficial in the treatment of gingivitis, stomatitis, non-specific ulceration and after extraction, because of its analgesic, decongestive and antipruritic action.

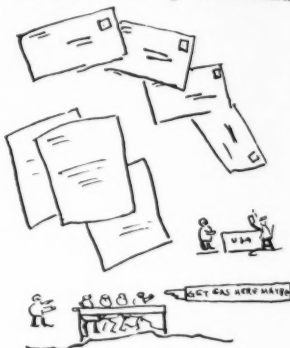
Campho-Phenique alleviates pain and inflammation, thus lessening the discomforts of your patient.

JAMES F. BALLARD, Inc.
700 N. Second St. • St. Louis, Mo.

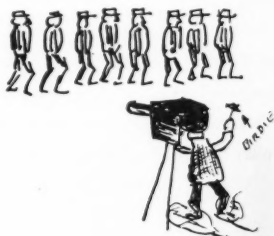
(Continued from page 746)

dentists will continue to find O.H. easy to read—so lively, so up-to-now, so tempting, that they read it eagerly.

A DAY IN THE LIFE OF A DENTAL OFFICER got under way last fall. Letters and more letters to Government officials. Outlines of what was wanted. And a heart-to-heart talk with Homer's gas ration board.



A two-day trip through deep snow to Carlisle Barracks. Interviews. Planning pictures.



Camera—action! Back through the snow. Prints to the editor. Prints to the Army. Prints to Washington. Letters and more letters. Result: one (1) feature, started in the fall, worked on in winter, for a summer issue.

June, 1943
(46)
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FIRST THING IN THE MORNING

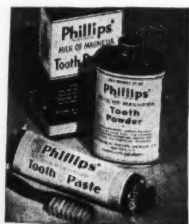


AND LAST THING AT NIGHT

No doubt you have often wondered why an otherwise intelligent patient, who comes regularly for office treatments, can remain careless in the matter of day-to-day care of the teeth.

In stressing the need for the painstaking as well as frequent use of the tooth brush, why not suggest a regimen which is agreeable, safe, and which has proved itself through the years, namely:

- (1) Phillips' Milk of Magnesia Tooth Paste or Phillips' Milk of Magnesia Tooth Powder to keep the teeth clean and to neutralize mouth acids on contact.
- (2) Phillips' Milk of Magnesia used twice daily as a mouth antacid to combat local acidity.
- (3) Phillips' Milk of Magnesia or the convenient Tablets taken internally to combat acid eructations from sour stomach.



PHILLIPS'

Milk of Magnesia

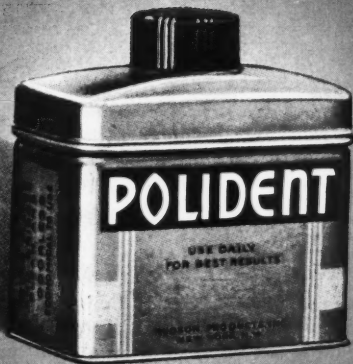
THE CHAS. H. PHILLIPS CO. DIVISION
of Sterling Drug Inc.

New York

N. Y.

APPROVED AND ACCEPTED BY
THE INDUSTRY'S LEADERS

VERNONITE



No. 2 of a series

All approve POLIDENT for safe brushless cleansing of acrylic resin restorations

To safely prevent mucin-film, stains, tarnish from deadening the beautiful lively color of Vernonite and other acrylic restorations, makers of these products approve daily use of Polident. Take their expert and considered advice. Your patients will delight in the easy way Polident cleans and polishes plates like new—*without brushing*—harmlessly dissolves away discoloration and odors.

FOR SAMPLES write Hudson Products Inc., 8 High Street, Jersey City, N. J.

** After being subjected to long-time tests, Polident won positive approval by this and other leading makers of denture materials; is one of the denture cleansers they accept and approve.*

Danger of Breaking and Chipping Dental Plates



Should be pointed out to every Patient as a part of Professional Service

Seven out of 10 denture wearers who have broken or chipped their dentures say the breakage occurred when they *dropped* them. A third of all denture wearers say they *worry* a good deal about breaking their dentures. These facts were revealed in an independent national survey of known denture wearers.

No wonder millions of denture wearers call POLIDENT a blessing—since this *soaking* method eliminates most of the handling and danger of dropping, involved in *brushing* dental plates.

Brushing with Makeshift Cleaners may Ruin the Costly Denture



As a matter of service, the dentist owes it to his denture patient to tell her also, that brushing with abrasive makeshift cleaners (not intended for dentures) may ruin her expensive dental plate by wearing down the "fitting ridges" and scratching the polished surfaces.

"Play safe . . . use Polident" is good "follow through" advice to give the patient as she leaves the chair with her new denture—advice that will be appreciated for many years to come.

Write for Supply of Free Samples:
Hudson Products, Inc., Dept. 1-F,
14 High Street, Jersey City, N. J.

POLIDENT

The Safe, Modern Way to Keep
Dentures Clean

APPROVED

Polident is approved and accepted by the leading makers of Acrylic Resin denture materials.

Dear Doctor:

I am mighty busy selling Pro-phy-lac-tic Tooth Brushes, but I am taking time off to tell you about

Pro-phy-lac-tic Tooth Powder

As a dentist, you will appreciate this fine powder for the excellent polishing job it does without undue abrasion. Your patients will appreciate your suggesting it, because of its lively tang and exceptional economy. Pro-phy-lac-tic Brush Co., Florence, Mass.

Pro-phy-lac-tic



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Electronics

SERVANT AND PROTECTOR

Developed by the imaginative genius of a free people, the new science of electronics carries with it the power to protect that freedom.

Increased productive capacity of the soil is made possible by electronic devices; so too is the incredible accuracy of naval gunnery hitting invisible targets many miles away.

Long-promised television is now a reality due to improvements in electronics. Other electronic devices release with deadly precision the bombs that will help remove the obstacles to free peacetime enterprise.

As a dentist you probably know that electronic devices match false teeth exactly*, eliminating the guesswork

*The Photo-electric Spectrophotometer, which can detect two million different shades of color!

of even the most practiced eye.

In the field of x-ray—electronic phenomena—there are many uses beside the important one of dental radiography with the well-known G. E. Model CDX dental x-ray unit. For industry, x-rays look deeply into giant castings to detect hidden flaws. In the food industries x-ray units are used for inspection to detect foreign material and check the fill on packaged goods.

Electronics, busy now doing its amazing job for war, will be developed even further in peacetime. The General Electric organization as a recognized leader in electronics assures the dentist that its unsurpassed research and engineering facilities will be used, as in the past, to make the best x-ray equipment available.



Today's Best Buy - U. S. War Bonds



GENERAL ELECTRIC X-RAY CORPORATION

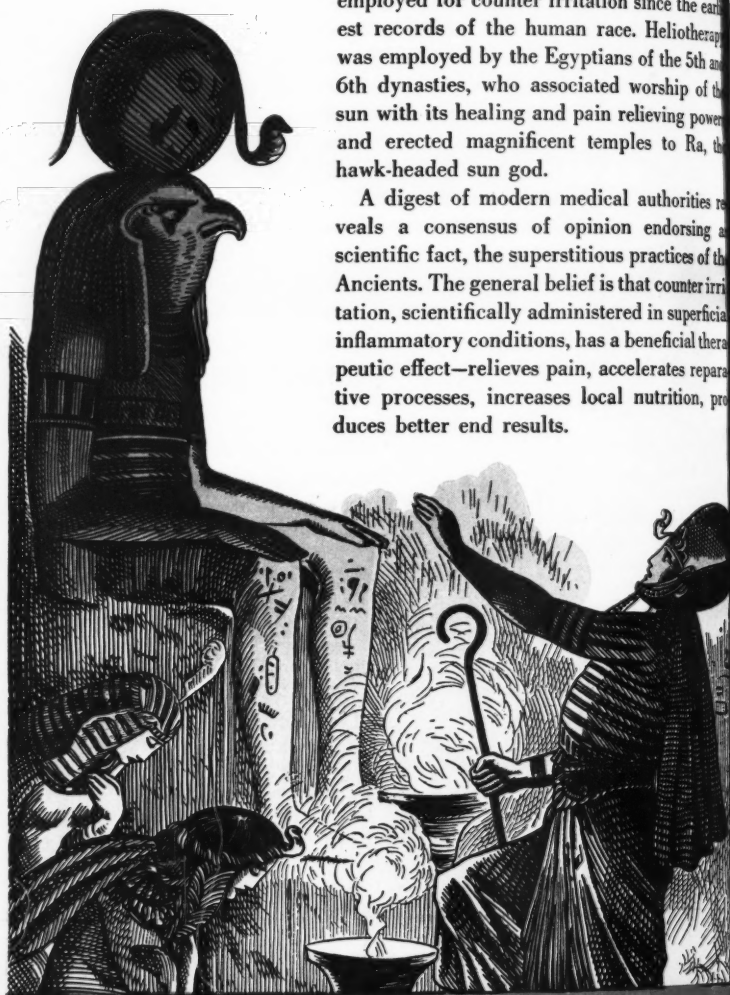
2012 JACKSON BLVD.

CHICAGO, ILL., U. S. A.

Ancient as Ra..

Various forms of physiotherapy have been employed for counter irritation since the earliest records of the human race. Heliotherapy was employed by the Egyptians of the 5th and 6th dynasties, who associated worship of the sun with its healing and pain relieving powers and erected magnificent temples to Ra, the hawk-headed sun god.

A digest of modern medical authorities reveals a consensus of opinion endorsing as scientific fact, the superstitious practices of the Ancients. The general belief is that counter irritation, scientifically administered in superficial inflammatory conditions, has a beneficial therapeutic effect—relieves pain, accelerates reparative processes, increases local nutrition, produces better end results.





Modern us Poloris

COUNTER-IRRITATION

For the Relief of Pain

POLORIS IS INDICATED IN CASES OF:

- Pericementitis
- Irritation after filling of teeth
- Abscess and gum inflammation
- Post-operative pain
- "Telephone-treatment" of non-serious emergency pain

INGREDIENTS:

The Poloris formula:
Capicum, Aconite Extract, Belladonna leaves,
Sassafras Root, Hy-
droquinoline Sulfate.

There are many modern applications of the ancient practice of counter-irritation. In modern dentistry the use of Poloris is the generally accredited counter-irritant. The effect of Poloris Poultice may be focused precisely on the painful area, for quick pain relief. Because of its *local* action and therapeutic benefits, Poloris counter-irritant is preferred by many dentists to the *systemic* treatment of pain with internally taken drugs.

FOR FREE SUPPLY of Poloris Dental Poultices, mail your card or letterhead to Poloris Co., Inc., Dept. I-F, 12 High Street, Jersey City, New Jersey.

Prescribe

POLORIS

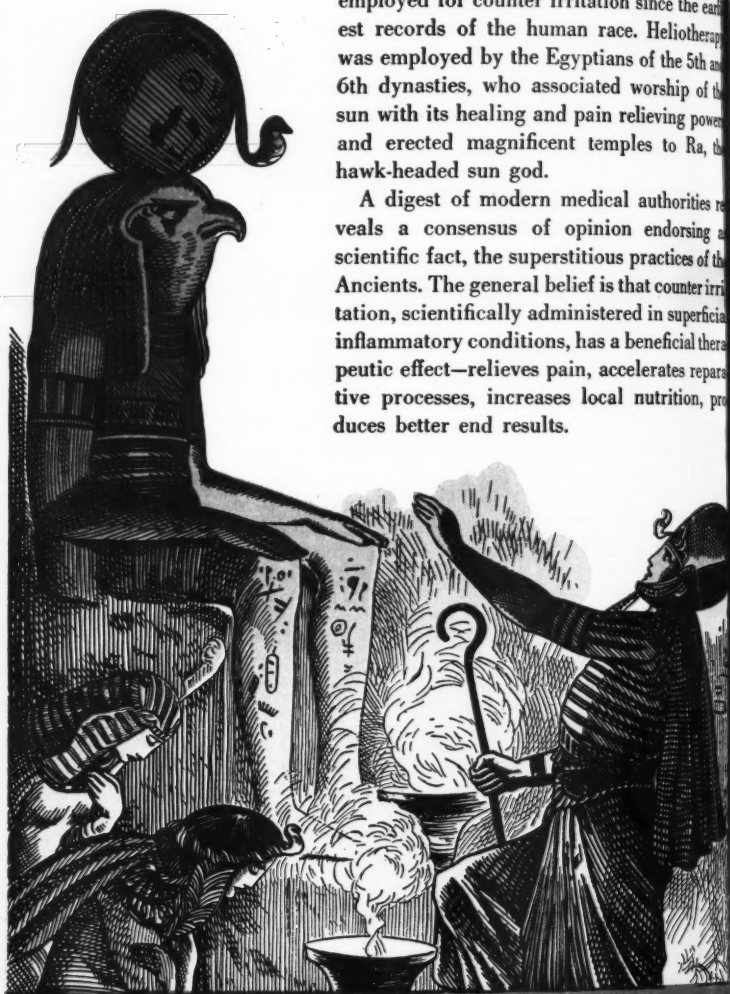
 for Prompt Pain Relief

DENTAL COUNTER-IRRITANT

Ancient as Ra..

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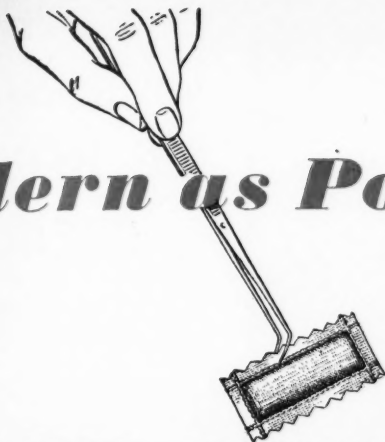
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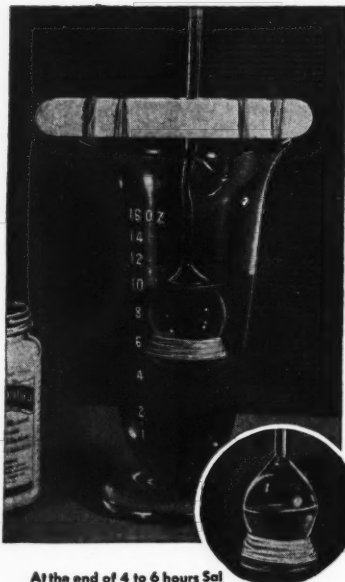
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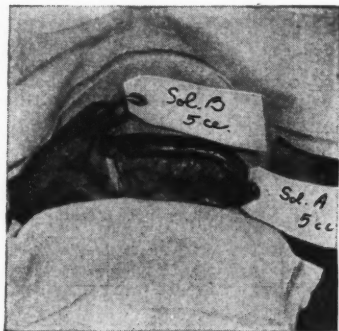
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or letterhead to Poloris Co., Inc., Dept. I-F, 12 High Street,
Jersey City, New Jersey.

POLORIS for Prompt Pain Relief

DENTAL COUNTER-IRRITANT



At the end of 4 to 6 hours Sal Hepatica solution mounted almost to top of thistle tube from low level (see inset).



Sal Hepatica in laxative solution increased 34 per cent within one hour in an isolated loop of a dog's ileum.

In Vitro and in Vivo SAL HEPATICA CREATES LIQUID BULK

IN glass and in the ileal loop of a laboratory animal Sal Hepatica demonstrates the reason it has become the efficient saline laxative recommended by dentists everywhere — the ability to create *Liquid Bulk*.

Sal Hepatica in laxative solution was placed in a dog's isolated ileal loop. An hour later examination revealed that the solution had gained 34 per cent in volume. A laxative solution of Sal Hepatica placed in a thistle tube sealed tight with a semi-permeable membrane and suspended in Ringer's solution gained approximately 34 per cent in two hours — and about 100 per cent in 6 to 12 hours.

When gentle yet thorough laxative action is needed for patients, dentists everywhere naturally turn to Sal Hepatica.

SAL HEPATICA

SUPPLIES **LIQUID BULK** TO FLUSH
THE INTESTINAL TRACT

Bristol-Myers Company, 19 L. West 50th St., New York, N. Y.



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MARGIN OF SAFETY

IN A STUDY of various barbiturates, Allonal's hypnotic component, allyl-isopropyl-barbituric acid, was found to have a wide margin of therapeutic safety—twice that of barbital and nearly three times that of phenobarbital. Because of this relatively wide margin of safety—because it produces restful sleep, even in the presence of pain, Allonal deserves to be your routine sedative-hypnotic of choice. **HOFFMANN - LA ROCHE, INC. • NUTLEY, N. J.**

ALLONAL 'ROCHE'

MIGHTY CABLES MAKE THE GEORGE WASHINGTON BRIDGE SAFE

ALLIES!



DENTLOCK DENTURE POWDER

YOUR ALLY . . . and your patients' . . . because
 . . . it holds dentures in place snugly yet so gently.
 . . . it soothes and cushions tender gum ridges.
 . . . it eases much of the soreness and discomfort of
 the trying "break-in" period.
 . . . it is economical and easy to obtain.

DENTGLO BRUSHLESS CLEANSER

YOUR ALLY . . . and your patients' . . . because
 . . . it cleanses by immersion; no friction or abrasives to
 destroy alignment and fit.
 . . . it provides a simple, easy, effective way to keep
 dentures sparkling clean, tasteless, odorless.

WRITE DEPT. O FOR FREE SAMPLES
FORT ORANGE CHEMICAL CO.
ALBANY, N. Y.



HERS is a

TRUBYTE NEW HUE RESTORATION . .

a restoration of *Harmonious Beauty*

THANKS TO . .

The Birth of a System . . .



FROM his nineteen years of study of numberless faces of all forms, Dr. J. Leon Williams distilled Nature's basic law of face-form and tooth-form harmony thus the Trubyte System was born.

The Trubyte System made practicable the application of the law of face-form and tooth-form harmony to the selection of artificial teeth.

Its world-wide acceptance by the dental profession acclaims its value in the selection of teeth for distinctive dentures. Trubyte New Hue Teeth are classified according to the Trubyte System. They provide anatomically correct forms and assure a harmonious form for every face, and a size — the right size — for every case.

Faces
Natur
basica
or Ooc
attrac
harmo



Faces . . . for all of mankind.
Nature herself made them
basically Square, Tapering
or Ovoid . . . and, in her most
attractive natural dentitions,
harmonized tooth form with
face form.



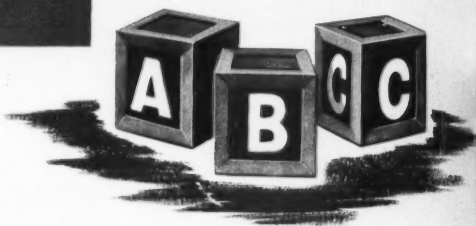
TRUBYTE NEW HUE TEETH

HARMONIOUS FORMS

NATURAL SHADES

Scientific Tooth Selection ..

made as easy as



BECAUSE Trubyte New Hue Teeth are classified to conform to the fundamental requirements for establishing face and tooth-form harmony, tooth selection is easy.

Nature has three basic facial types, Square, Tapering and Ovoid. All patients can be classified as predominantly one of these types.

For easy selection, Trubyte New Hue Teeth are grouped in three classes, Square, Tapering, Ovoid, to conform to Nature's three basic types each class is divided into different forms like the forms most frequently seen in natural teeth. These forms show differences in severity of type and in proportions.

The 71 moulds provide graduated sizes in each form.

It is this combination of anatomically correct forms and scientifically graduated sizes that simplifies tooth selection for the denture distinctive.

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

220 West 42nd Street

New York, N. Y.



The Niagara of Denture Adhesives



OVER THE YEARS

With the good will of the dentist, an unceasing flow of CO-RE-GA has gone forth from our manufacturing plants to help millions of patients throughout the world gain confidence with immediate, partial and full dentures.

WILSON'S
CO-RE-GA
(POWDERED)

THE PERFECT ADHESIVE FOR DENTURES

DOCTOR!

*This Coupon
is for your
Exclusive Use*

PLEASE SEND FREE SAMPLES FOR PATIENTS

Dr. _____

COREGA CHEMICAL COMPANY
208 ST. CLAIR AVE., N. W. CLEVELAND, OHIO

CO-RE-GA is not advertised to the public

VULCANIZED RUBBER

Had Not Yet Been

DISCOVERED



VULCANIZED rubber has made possible many necessities and conveniences. We are just now beginning to realize what modern life would be had it never been discovered. Its development falls within the span of the business life of Church & Dwight Company. It was in 1851, after years of patient experimentation, that Charles Goodyear discovered by accident the secret of rubber vulcanization. Natural India rubber was too brittle in cold, too sticky in heat, for wide commercial applications. While working with a mixture of India rubber and sulphur, Goodyear dropped some of the mixture on a hot stove. To his amazement it did not melt. Placed in extreme cold, he then found that the texture did not change. Working from this start, he perfected his vulcanizing process, secured protecting patents and placed it on a commercial basis.

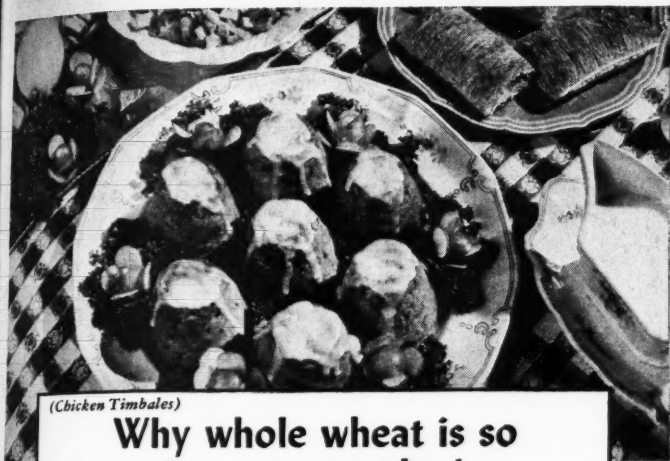
Our history is older than that of many industries which owe their existence to this important discovery for we started to produce Bicarbonate of Soda as early as 1846. We have been specializing in the making of this one important product ever since, distributing our Soda under two brands, Arm & Hammer and Cow Brand, usually known as Baking Soda.

Our baking soda brands are good cleansers for both natural and artificial teeth, perform every function of a good dentifrice, and are acceptable to the Council on Dental Therapeutics.

**Business Established
in 1846**

CHURCH & DWIGHT CO., Inc.
10 Cedar Street New York, N.Y.





(Chicken Timbales)

Why whole wheat is so important today!

Highly nutritive, NABISCO SHREDDED WHEAT can be used as a meat extender or in a variety of interesting recipes

With meat supplies low, it is important to remember that whole wheat is one of the foods that contains protein as well as appreciable amounts of other important elements found in meats, such as—iron, phosphorus, niacin and thiamin (Vitamin B₁).

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NABISCO SHREDDED WHEAT is toasted in slender strands, it is easily crushed and adapts itself to a great variety of new ideas. In addition, its delicious, nut-like flavor contributes greatly to the "taste" of any dish.

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FOLLOW this short, simple technic and get a new thrill out of the swift ease with which you secure a precise Kerr Compound impression from an absolutely comfortable patient.

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DETROIT
Established 1891

WARM 2-qt. Pyrex dish like photo with running hot water. Fill to 1½ inches from top with water at 134 to 140 degrees. Submerge Kerr Compound cake on lifter for **TWO MINUTES**. Remove and knead for ten seconds with wet fingers. Replace in bath for **TWO AND A HALF MINUTES**. Press into tray. Pass momentarily over flame to glaze. Dip back into bath to temper. Take impression immediately.

CAUTION:—Don't rely on your hand as a thermometer. Don't use boiling water or any other shortcut.

KERR

IMPRESSION COMPOUND



HOW MEMORY WORKS

Recollection is determined by depth of impression and strength of association. To be remembered or recalled, the past experience must be suggested by the present.

From: *Encyclopedia Britannica*

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PSYCHOLOGICAL TECHNIQUE

TO MAKE OFFICE TIME MORE PRODUCTIVE?

If you merely TELL the patient how to brush his teeth he can only HEAR you—has no OBJECT to remind him. The impression on Memory is weak. Office time spent in such instruction may be entirely wasted.

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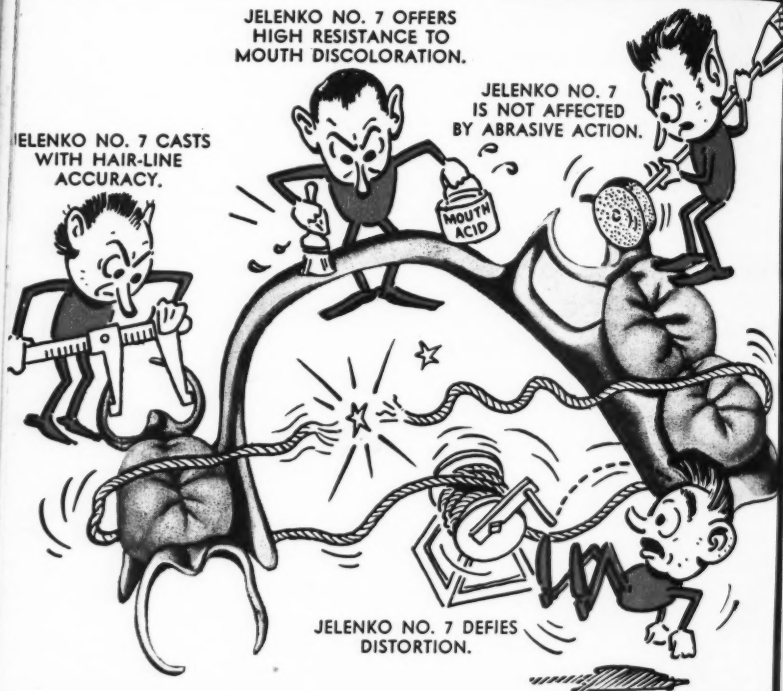
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Oral Hygiene

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Significant clinical investigation—supervised by practicing Dentists—showed that:

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2. 95% of the Gingivitis cases improved in 30 days (after prophylaxis) by massaging their gums at home twice daily with Forhan's Toothpaste.
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Don't you think these results should more than justify so many dentists recommending Forhan's for over a generation? Massaging the gums and brushing the teeth twice daily with Forhan's is an excellent home adjuvant to help guard against Gingivitis.

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THE FIRST AND ORIGINAL TOOTHPASTE
FOR MASSAGING GUMS
AND CLEANING TEETH



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Picture of the Month



ANNA GOOD, daughter of Doctor William Franklin Good, the roving dentist referred to in the article "Dentistry Is Where You Find It"—see page 778.

Ten dollars will be paid for the picture used in this department each month. Send your contributions with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



A DAY IN THE LIFE

This portfolio of pictures was prepared to show the great variety of responsibilities that fall on the shoulders of an officer of the Army Dental Corps. Aside from this professional activity, the officer must be a thoroughly trained soldier. He



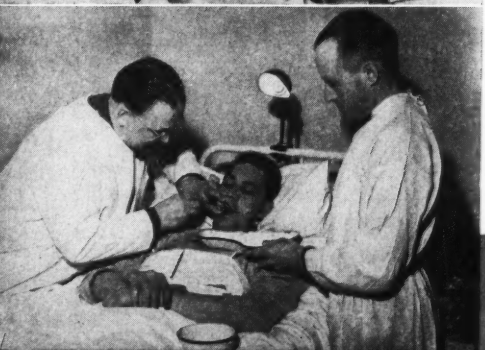
★

1. The waiting room of the post hospital dental clinic where the dental officer receives patients for immediate treatment.



★

2. Taking an impression. Prosthetic service is an integral part of dental treatment in the Army. The dental assistant is an enlisted man, trained by the Dental Corps.



★

3. Bedside dental treatment being given hospitalized soldier by a dental officer and his assistant.

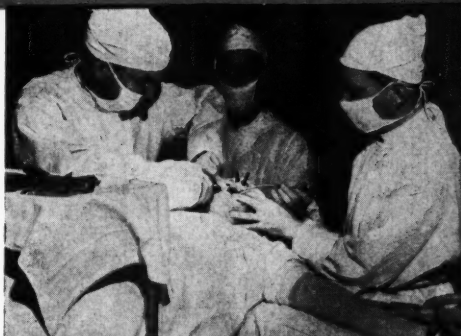
*These photographs were reviewed and passed by the authorities at Carlisle Barracks and the Review Branch of the Bureau of Public Relations of the War Department.

LIFE OF A DENTAL OFFICER

learn to drill, to salute properly. To familiarize him with the conditions under which he will work in the field, he is taught the tactics of the infantry, field artillery, the armored force, the cavalry, and chemical warfare service.



4. Oral surgery being performed under intravenous anesthesia by a dental officer in the well-equipped hospital operating room.



5. As a part of the rigid Army physical examination, a designated dental officer conducts the oral examination of all new arrivals at a post.



6. At regular intervals, dental officers make a rapid but satisfactory oral examination of all soldiers in the area to classify them for immediate or future dental treatment.

Photographs by Homer E. Sterling, Oral Hygiene Staff Photographer.



A DAY IN THE LIFE



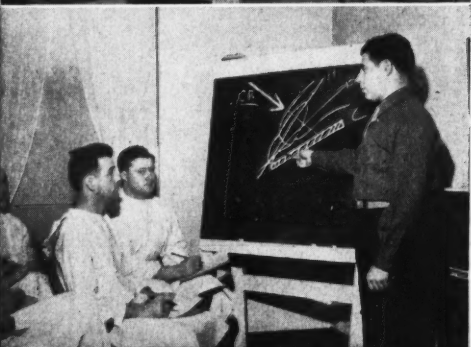
7. A fire drill in an Army dental clinic is a required formation. Each member of the clinic's staff has prearranged duties in case of fire.



8. The dental depot of the Army. A dental officer makes a monthly check of materials on hand in the dental stockroom by taking inventory.



9. By checking daily records with his clerk (an enlisted man), the dental officer verifies the transcriptions to permanent records of daily operations in the dental clinic.



10. Dental officers are responsible for the technical training of their own enlisted personnel who carry on the duties of dental assistants, orderlies, and technicians.

This portfolio of actual activities in the Army Dental Corps was made possible through the splendid cooperation of

OF A DENTAL OFFICER

11. Good housekeeping is demanded in the Army. A dental officer is required to make regular inspections of the dental clinic as a check on its maintenance by the enlisted personnel.



12. Frequent meetings of dental officers are required to discuss their professional problems and to plan and administer the service within their sphere of activity.

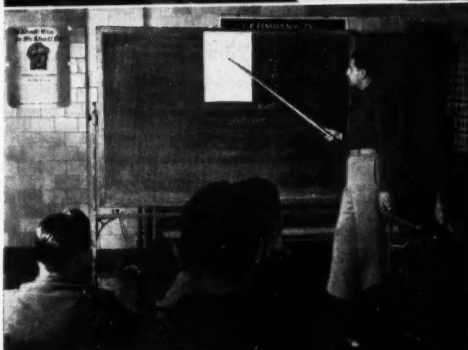


13. Not infrequently the dental officer is asked to serve at a court-martial. This is a picture of an actual court-martial at which the president of the court is a dental officer.



14. Being responsible for the dental health of the Army, dental officers are required to give talks regularly on oral hygiene to the enlisted men in other branches of the Army.

the officers and men in the Medical Field Service School, Carlisle Barracks, Pennsylvania.





Will the present military population be unwilling to pay for postwar, civilian dentistry?

TODAY, all emphasis is directed toward winning the war and rightly so—so fully directed, perhaps, that some civilians on the home front feel futile and old. Many dentists are in this group.

However, if current news can be credited, there are more than vague evidences that postwar planning is at least in the conference stage. The English Beveridge Commission Report is one evidence, a recent one; addresses by Henry Wallace and Wendell Willkie are vocal expressions, admitting the existence of long-range planning. And, the Atlantic Charter, while vague as to method, is one of the earliest documents in World War II to make a commitment relative to a lasting and happy peace. The days of doubt appear to be over. *When* this war shall be won seems truly less important than *how*. Because on the *hows* of capitulation must depend the later and deliberate planning for a cleaner and better world.

John Dentist in military service surely pauses long enough to ask,

"How are things going to be when I get back?" Joe Dentist, at home, although not idle, is sensible if he thinks a little about his brother John.

John Dentist is several kinds of a fellow. He had a practice to give up or he didn't. He was on the way up or down. Or, which is occasionally a fact, he didn't sacrifice anything to leave civilian life: he's better off in the Service. Don't worry about the last type. If he's any good, he can stay. If he's a tramp, the Army and Navy aren't stupid. He'll get found out and he'll fade. By and large, John is really like Joe, except that John is putting in time and knows it, and it's just human nature to wonder.

John has probably found out that the Army and Navy Dental Corps *intend* to offer *good* dental service—probably a lot better than most civilian dentistry. What John thinks about is that so *much* is *given*, and so *little* is said about it in terms of *cost*—so little said, in fact, that the present military popula-

June, 1943

tion may later evidence an unwillingness to pay for civilian dentistry.

The Dentist at Home

Joe Dentist, also, in civilian life may be doing a little thinking. He's doing all right at present. That is, he can fool himself into thinking a gross income is making money until he realizes how little there is left when this and that is paid for.

Joe may be wondering how long he can take it. He's doing more dentistry than he should, which means he isn't doing it well enough, no matter how hard he tries. And Joe knows, for he's been through it before, that the spring will dry up just about the time John comes home and wants to open up again. That is, unless something is done about it *now*, in terms of long-range planning.

Beveridge Report

Beveridge gave this little matter some thought. So much thought, in fact, that it took 200,000 words to put these thoughts on paper. But what he wrote was very simple and, in the opinion of many, an attainable objective. He wants to expand the state-sponsored insurance system to take care of a lot of worries, worries such as John and Joe are thinking about. Medical and dental, hospital and nursing care. A good idea, too. Nothing wrong with it except *people*, but that's a lot. Much more inclusive than health care in England has been, which maybe wasn't much. But

miles better than nothing. Don't listen to talk that health care in Britain is a failure. That isn't so. It isn't as good as we would like to have our own, but ours could be a lot better and still be not good enough.

Beveridge wants some other things, sensible things. Non-profit industrial insurance of all types. A universal tax and a universal benefit. Child subsidies, old-age pensions, all the old familiar names. But, and this is a big one, *administered* by a qualified bureau appointed and trained for the purpose. And administered for *everyone, everywhere* within the United Kingdom. And *compulsory*!

What's wrong with it? Nothing, except people. Would it work in the United States? You answer that one. But remember this! It's going to be tried, and it should be tried. Dentistry would be intelligent in recognizing this probability.

John Dentist is going to be quite interested. So are John Dentist's several million military patients. Very interested, indeed, because the insurance hypothesis is sound. It remains, only for the government to use a formula which will work.

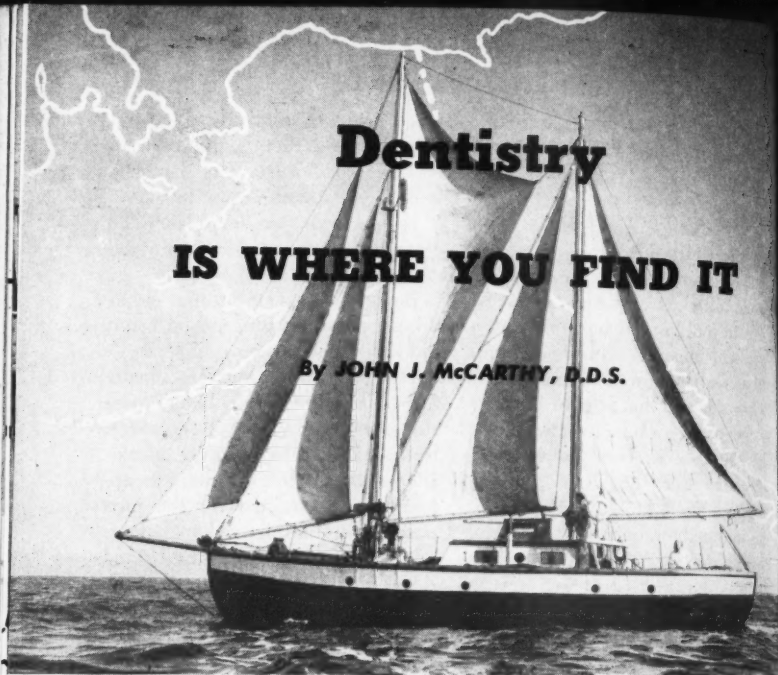
You watch John Dentist when he comes home. Watch Joe at the same time. Each is developing some broad ideas, which the leaders in organized dentistry might well heed.

60 Charlesgate West
Boston, Massachusetts

Dentistry

IS WHERE YOU FIND IT

By JOHN J. MCCARTHY, D.D.S.



IF YOU FOLLOW the cartoon strips in the daily papers you may recall that in "King of the Royal Mounted" there appeared some time ago a character called "Dentist Jim." This fictional nomad cruised the waterways of the Pacific Northwest in a sailboat upon which he carried a complete dental outfit. He was accompanied by a beautiful daughter who was a Godsend to the lonely white men of the region, any number of whom developed recurring toothaches just for another look at the gal.

Meet the real-life prototypes of these fictitious characters—Doctor William Franklin Good and daughter Anna, [see *Picture of the*

There is high adventure cruising in Alaskan waters.

Month, page 771] of Seattle, Sitka, Kiska, and all the beautiful, lonely reaches between. My own first knowledge of these people came when, from the deck of a steamer in Ketchikan one Summer morning, we watched a trim motor-sailer go out of the harbor. A big bronzed man sat at the tiller, while in the bow coiling a line appeared a slim figure who even at that distance was obviously no Tug-boat Annie.

"Say, Doc," exclaimed our pursuer, "there's a boat should interest you! That's the *Cheechako*. That fellow has a complete dental outfit aboard there—goes all the way up

to the Aleutians fixing teeth every year."

Naturally I was tremendously interested. Later I had the opportunity to learn more about the activities of Doctor Good and his daughter Anna Ellen—the latter known to a host of northern friends as "Captain Anna," a strikingly lovely young lady who in addition to being an accomplished organist is a top-notch navigator—in a region where you either know your navigation, or else—

With the ink scarcely dry on his diploma, Doctor Good saw Alaska for the first time during the Yukon gold rush. His daughter, Anna, was born there. Bouncing around on a dog sled proved a bit strenuous for a baby girl, so the family returned to Seattle where Doctor Good established a successful practice. For several years he maintained the usual daily routine, but restless blood was in his veins, and the prevailing Summer winds continually wafted the aroma of rope and tar up from the Seattle docks and in through his office windows. "That breeze kept plaguing me," he laughed, "so I bought a little twenty-five foot yawl and shoved off on a single-handed vacation cruise to Alaska."

Escapes Routine

Although he escaped from the confines of an office, he was unable to leave behind his trained and observant mind. The need for dentistry among the natives, wherever his tiny craft dropped anchor, appalled

him. He sent to Seattle for some instruments, and while he awaited their arrival he did considerable thinking. His instruments at hand, the vacation cruise developed into a mixture of work and play, but he was contented and realized that it was not work he was trying to escape, but rather city life and the deadly routine of an office.

He returned to Seattle, bought a schooner, and christened it the *Anna Ellen*. The *Anna* was too big for one man to handle—his daughter was still in school, so Doctor Good shipped a man for crew and sailed. That was the first of a long series of trips on which the vessel ranged in and out of hundreds of narrow inlets as far north as the Aleutians, carrying good dentistry to lonely places that were—and still are—accessible only by water.



Bouncing around on a dog sled proved a bit strenuous.



Then one tragic day at the junction of Icy Strait and Lynn Canal the career of the *Anna Ellen* abruptly ended, nearly terminating the days of its owner also. The engine had died and, with the vessel rolling violently in a heavy westerly, Doctor Good went below to investigate. He tinkered for a while, then cranked the engine. It backfired, setting ablaze the oil in the bilges. Doctor Good promptly catapulted up the ladder and slammed shut the hatch-cover. For a while it seemed that the fire might smother out, but the pressure below suddenly blew out a couple of cabin windows, and the ensuing draft sent flames roaring through the ship. Facing a hopeless situation, Doctor Good and his man launched the nine-foot dinghy, which capsized as they climbed into it, spilling them into the freezing water. They managed to hang onto the over-

Extractions were sometimes done on the dock.

turned dinghy long enough for a fishing boat, which had seen the smoke of the burning schooner, to reach them.

Buys a New Boat

One might reasonably conclude that such an experience would dampen the enthusiasm of Doctor Good, but it meant only that he must get another boat. This time it was a larger schooner, a seventy-footer, with which for several years he maintained a combination of dental practice and Alaskan trading. At this point, for a number of reasons, he retired temporarily from dentistry, sold the ship, and spent three years abroad.

But he could not forget the Northland. One of his first moves upon returning to the United States was to commission the building of the *Cheechako* at Seattle in 1936. Into the design and construction of the *Cheechako* went the accumulated wisdom of years of Alaskan sailing; just why it received a name meaning "tenderfoot" is not clear. In this forty-two foot motor-sailer Doctor Good felt he had the perfect boat for those Northern waters that are the embodiment of "ole debbil sea"—beautifully calm and bright at times, gray and lethal on occasion, truly the cradle of the storms. Witness, for example, the weather difficulties involved in dislodging the Japs from Kiska.

At the helm of his new boat Doctor Good taught his daughter navigation and seamanship; that he

June, 1943

ORAL HYGIENE

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taught her well which was evidenced only two years later when alone they brought their vessel safely into port after riding out a Northwest gale that stripped all the canvas and some of the rigging from the spars. There is a story that Anna, at the height of this gale, went below and played a few selections on the mid-gut organ, but this she will neither confirm or deny.

Incidentally, that organ is not the only touch of refinement aboard. This husky little ship has a hot-water heating system and a bathtub. The dental chair, located in the stern, is bolted to the deck, a dual precaution which prevents its crashing through the bulkhead in a pounding sea and also provides an immovable toe hold for the operator performing an extraction while the *Cheechako* rolls gently at anchor. When this gentle roll resolves itself into an angry chop, as frequently happens, extractions are done on the dock, which if not altogether luxurious is at least stationary.

The accumulation of dentistry, particularly oral surgery, which has usually greeted Doctor Good at

these isolated settlements indicates that the visits of the *Cheechako* were anticipated long in advance. What the future holds, dentally, for the natives of the high latitudes is a matter of conjecture. Doctor Good was cruising in the Aleutians when the Japs invaded Kiska, and he wasted no time in getting the *Cheechako* to cover. Today it lies safely tied up near Seattle, where Anna, recently become Mrs. Captain Yorke, can keep a capable eye on it.

And Doctor Good? The Doctor recently celebrated his sixtieth birthday on a farm he has bought in Southern California—very near the ocean! I asked Doctor Vincent Croal of Santa Ana to run out and visit the sailor-dentist for me. Vincent writes that, surrounded by cows and chickens, he looked just like any other farmer, but they got talking about Alaska, and Doctor Good kept looking at the ocean, and finally he remarked that, well, he was a farmer "for the duration" anyway!

Route 1, Box 262½

Woodland, California

STORY OF NOMAD DENTIST WINS \$100

THIS EXCITING story of a sea-faring dentist and his daughter Anna (Picture of the Month) by John J. McCarthy, D.D.S., wins the June ORAL HYGIENE award of \$100. This prize is offered every month for best article published in ORAL HYGIENE. Send 1500-word stories of dental life, type-written, double-spaced, with return postage included, to The Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



No Suits Wanted

By SAMUEL R. LEWIS, A.B., J.D.

State laws plus accurate records will protect you against law suits.

NOT LONG AGO, an article in a Canadian dental journal discussed the statute of limitations in Quebec with respect to malpractice suits against dentists. The article stated that, according to the courts' construction of the Quebec laws, a patient would be permitted to sue a dentist for malpractice at any time within thirty years after the date on which the patient alleged that he was injured by the dentist. This determination of the Quebec courts would result in this strange paradox:

If a dentist in Quebec negligently struck a man while driving an automobile, the injured person could not sue him after the expiration of one year from the date of the accident; but if the dentist negligently injured the same man when treating him in a professional capacity, he could be sued at any time within the succeeding thirty years.

This anomalous situation does not exist in the other provinces of Canada, which have special statutes that prescribe varying peri-

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ods of from six months to six years during which malpractice actions may be commenced. Reading about it, however, would undoubtedly lead the average American dentist to speculate, if he does not already know, about the situation in this country and in his own state in particular.

The importance of having this statutory period as short as possible is perhaps not fully appreciated by most dentists who have not had experience with malpractice suits. However, if someone started a suit against a typical American dentist for his negligence in extracting a tooth in 1914, twenty-nine years ago, it is doubtful whether the dentist would have any record or even a recollection of the case and he would, therefore, be seriously handicapped in his defense. Even if a more reasonable period is assumed, say ten or fifteen years, it would be a difficult matter to make a successful defense unless the dentist kept unusually complete records and did not destroy them every two or three years.

Despite the fact that malpractice insurance is quite general in this country, a dentist should be acquainted with the law of his state so that he will know how long to retain his records in order to protect himself. It should not be forgotten that malpractice insurance is no protection against suit on an injury, which occurred before the insurance was obtained and within the period during which the state

law permits suits to be commenced.

Basis for Suits

As a general rule, most malpractice actions in the United States are based upon a charge that the dentist has inflicted a personal injury through negligence rather than broken a contract with a patient. The American courts have held almost universally that the usual dentist-patient relationship is not based on a contract and that laws regulating suits for breach of contract are not applicable. The importance of this distinction, for the dentist, lies in the fact that in most states the period during which a patient may sue a dentist for a breach of contract is considerably longer than the period during which he may sue for a personal injury. In Quebec the courts considered every dentist-patient relationship as contractual and ended up with the situation previously described, in which the dentist could be sued at any time within thirty years of the date of the injury.

This attitude of the American courts that I have described does not mean that a dentist cannot make a contract with his patient. He can make either a written or oral contract at any time he chooses and the courts will uphold it and see that it is carried out. However, in the vast majority of cases the dentist will only lengthen the period of his liability by making a contract when it is not absolutely necessary.

Table 1 shows the law in the va-

TABLE I
Years Following Injury During Which Dentist
May be Sued for Breach of Contract

Number of Years	Number of States
20	1
10	1
8	1
6	14
5	5
4	7
3	12
2	3
	44*

*Four states have special statutes for all actions against dentists.

rious states with regard to suits for breach of contract. It can be seen from *Table I* that in 41 states a dentist can be sued at any time within three years and in 29 states the period is even longer. If the United States courts adopted the same attitude of those of Quebec, in calling all dentist-patient relationships contractual, it would be necessary for the dentists to retain their records for a considerable period of time. In one state they would have to be retained for at least twenty years.

The situation in regard to suits based upon malpractice (where no contract was made) is considerably

different, as can be seen by an examination of *Table II*.

From *Table II* it can be seen readily that any dentist who retains his records for at least six years is not likely to be embarrassed by an unexpected malpractice suit resulting from a long forgotten incident. Furthermore, in the majority of the states, no suits based upon malpractice may be brought after three years from the date of the injury.

Six states have special statutes of limitation for malpractice actions (*Table II*). In five of these states, any action against dentists or physicians must be brought within two years after the cause of

action arose. In the sixth state, the period is set at one year. Strangely enough, none of the state laws is as strict as those of Ontario and British Columbia, which in contrast to Quebec, require the patient to begin his suit within six months. In these provinces, this statutory limitation is a part of the dental practice act. In the United States, no more than one or two of the state dental practice acts include such a limitation.

Conclusions

What conclusions can be drawn from this existing situation in regard to the bringing of malpractice suits against dentists? First of all, in the fourteen states in which malpractice actions can be started

three years or more after the injury has occurred, it would appear that some improvement can be made in the laws. It does not seem unreasonable to require such actions to be brought within two years of the injury. There are few injuries caused by malpractice, which would not become evident within such a period, and it often works a considerable hardship upon the dentist when the patient is permitted to delay for several years before beginning his action.

Second, mere knowledge of the statutory provisions with respect to malpractice should not lead the dentist to place too much reliance upon termination of the period. Even though the years during

(Continued on page 805)

TABLE II
Years Following Injury During Which Dentist
May be Sued for Malpractice

Number of Years	Number of States
6	5
5	2
4	2
3	5
2	19
1	8
	41
	unknown 1
	special provisions 6
	48

Military News

New Surgeon General Named:

Brigadier General Norman T. Kirk has been nominated by President Roosevelt to be Surgeon General of the Army. Major General Kirk, who is 55, has been stationed in Battle Creek, Michigan, as commanding general of the Percy Jones hospital. He is also the former chief of surgical service at the Army Medical Center at Walter Reed Hospital. His long career in the Medical Corps began when he was commissioned as a first lieutenant in 1913. General Kirk succeeds Major General James C. Magee whose tour of duty in the post ended June first. In commenting upon his retirement the *Army and Navy Journal* said:

"Were it not for the general one-term rule for branch chiefs, there would be a great likelihood of the reappointment of General Magee, for his administration has been marked by smoothness and efficiency in carrying out the greatest expansion program in the history of the Department and in a remarkable record in maintaining an excellent health program under the trying conditions of rapid growth in the Army and the maintenance of forces in all corners of the globe."



Army Dental Corps:

The extent of emergency measures that are needed to maintain the health of American soldiers overseas was indicated recently when a dental officer, Major Donald M. O'Hara, now stationed in India, reported that he extracted 485

teeth in one day. In writing of his experience in a V-mail letter to friends at Chanute Field, Illinois, Major O'Hara said that, although he had help with preparation and anesthesia, he performed all the actual extractions himself. According to computations of his friends, he must have made an extraction a minute for eight hours to complete the big job. Major O'Hara, a native of Janesville, Minnesota, received the Order of the Purple Heart for his aid to the wounded in the Burma campaign. The story of his service under fire was published last September in *ORAL HYGIENE*.



Limited Service Officers:

Because the War Department believes that it is practical to use "limited service" officers in active military service, it has issued a special circular, No. 82, indicating how such uses of physical disability should be handled. In it, military commanders are urged to make the most effective use of all professionally trained officers within the limitations of their physical capabilities. Officers who are fit for limited service duty should not be retired, the circular states. This injunction does not apply, of course, to certain cases mandatory by law or to cases of mental indifference, inaptitude or incompetence. The circular provides that an officer classified as "limited service" may, after 90 days in that status, if he believes the physical disability has been removed, apply for reexamination, or his commander may do so for him.

WHAT THE PUBLIC SHOULD KNOW ABOUT DENTISTRY

By JAMES ROBINSON

EACH YEAR I address between 10,000 to 15,000 adults and children on various subjects relating to dentistry. Among these engagements, which are always on invitation of component societies of the American Dental Association, are numerous appearances before school groups and civic organizations. These lectures always result in a number of persons coming forward to ask for copies of the talk. I have never prepared copies for this purpose. In addition to these requests, I receive a great number through the mail from all parts of the United States. Dentists seem to be more interested today in public relations than ever before. There is a greater health consciousness on the part of the public than we have ever known before. In part, this is what I try to tell the public about dentistry:

The mouths of people are generally ten to twenty years older than the rest of the human body. There are a number of factors which operate to create this condition. The greatest of these is the apathy of the public toward health dentistry. This represents one of the great problems in the practice of dentistry.

*

Dental disease, in nearly all cases, begins early in childhood and continues as a chronic disorder throughout life. The dental history of the

average person would show that the mouth does not retain its youth very long. Little children develop dental disease in baby teeth and contaminate the food they eat, the water they drink, and half the air they breathe. As they grow older, many are sent away to school to absorb the inadequate diet of the average educational institution augmented by numerous hot dogs and sodas. When they reach their twenties, most of these young people have had numerous teeth restored by dentists. Some have become dental cripples and are forced to wear various appliances.

By the time they are forty, the lips are a little thinner, the countenance more grim, the hearing not quite so good as it should be, the skin-tone of the face lacking in proper luster, and contamination of the food, water, and air continues in greater degree because gum tissue has begun to disintegrate and supporting bone structure has begun to break down.

Their mouths are now growing old very fast. They are past middle life and general physical decline begins without special indications. They are not going to die with typhoid fever, scarlet fever, and other diseases more common to youth. They begin to die slowly. This decline is hastened by dental neglect. The body is being poisoned from tiny sources. Most people are aware of the rest of this history. What can be done about it?

*

Here are some of the facts the public should know: The whole story of dentistry is written around two things—cleanliness and balance. The dentist must first exhaust all his dental knowledge and equipment in the operation of a sound diagnostic program. This is generally followed by complete cleaning of all teeth, some treatments, or the removal of anything that threatens the health of the patient. Now there is absolute cleanliness of the mouth.

The next step is to bring the mouth to proper balance through the delicate engineering known only to dentistry. This is achieved through the restoration of natural teeth as close to their original form as possible, and the replacement of lost members by various appliances designed only for dentistry. In the ideal state, the mouth is perfectly clean and in balance. The artist must begin with a clean canvas and then pursue certain mechanics to achieve esthetics. So it is with dentistry.

*

With all our advantages, we continue to spend more money to keep sixteen million dogs alive than we do to keep our people's mouths from growing old too soon. We spend far more money for non-essential beverages than for dentistry. We spend more money for chewing gum, cosmetics, and many other luxuries.

*

For every hour lost by striking workers, sixty hours are lost to labor by bad health. What a toll!

The average man spends more money with a barber than with a dentist. In fact, men buy only 25 per cent of the dental services rendered. An average man changes the oil in his car every so many miles, but never thinks of having his teeth cleaned every so many meals. He insures his home against all manner of loss or injury, but not his mouth. Yet, the home could be replaced—a perfect duplicate could be constructed.

*

If your mouth is clean and in balance, your hearing is protected, your smile is brighter, your enunciation purer, your breath sweeter, your system healthier and your life longer. The mouth should never be older than the rest of the body.

*

Physicians and dentists do not make any money out of health—only out of disease—yet they are constantly trying to teach a careless public how to avoid spending money for help.

1900 West Kinzie Street
Chicago, Illinois

WARNING TO DENTISTS!

A GHASTLY accident which happened recently in the office of a careful and capable member of the state society should be a vivid and pointed reminder of the possible dangers of some of our equipment. This dentist was working on a woman, 30 years of age, when the telephone rang. He hurriedly hung up his handpiece and answered the call. When he returned to the chair he was horrified to see the patient sitting up straight in the chair with a number one round bur that was in the handpiece, sticking up straight from the patient's head. The bur had penetrated about a half inch through the skull.

Despite the most skilful and careful medical attention, the patient died in the course of a week. The only explanation that could be given was that the handpiece had slipped from the crotch and dropped on the patient's head; the drop of about eighteen inches was apparently enough to drive the bur through the cranium. The unit was opposite the center of the chair and the patient's head was in the headrest at an angle of about 75° so that when the engine arm was raised about 45°, the handpiece would be directly above the head of the patient. No suit was instituted as the family realized it was a highly unusual accident.—*Pennsylvania State Dental Journal*.

Dentists in the News

Saint Louis (Missouri) Post Dispatch: Doctor George W. Tainter, retired dentist and Veteran of the Civil War, who celebrated his 101st birthday last July, died at his home in St. Charles. Known to his friends by the title of "Colonel" he preferred to be called "Ensign," because he once explained, "I got that the hard way." Doctor Tainter, who practiced dentistry until the age of 85, enlisted in the Union Army at the beginning of the Civil War, was wounded, and received an honorable discharge from the Army. He immediately enlisted in the Union Navy where he earned the rank of Ensign.

Pittsburgh (Pennsylvania) Press: Changing dental schedules to accommodate war workers will not curb absenteeism in the opinion of Doctor C. R. Fricke, head of the Western Pennsylvania Odontological Society's industrial relations committee. "It isn't middle-of-the-night availability of a dentist that will check absenteeism," Doctor Fricke said, "It's education to a day-to-day program of caring for the teeth."

Doctor Fricke, who has started a program of preventive dentistry among industrial employees, reports that a survey made by his committee showed that "no matter what shift a worker has, there is always a dentist available during his free hours."

San Antonio (Texas) Light: Major George Thomas Perkins, who is being held prisoner by the Japs in the Philip-

pinas, practiced dentistry in San Antonio with his father Doctor R. O. Perkins. He received his commission at Fort Sam Houston in 1934, and was stationed in San Antonio until 1936. Before the fall of the Philippines he was in charge of the dental clinic at Fort McKinley, P. I.

Mrs. Perkins, who is a receptionist at the Red Cross field director's offices at Fort Sam Houston, said her husband was last heard from March 29, 1942

Charleston (South Carolina) Evening Post: When Mrs. William Shaw of Staten Island got her finger caught in the spout of a can of wax her family called



the police. Although the police used a gadget called a "ring cutter," they couldn't split the spout. Doctor Joseph Diamond, a physician, was called, and he in turn, consulted his brother, Doctor Benjamin Diamond, a dentist. He suggested using a diamond disc designed for grinding teeth. It worked.

Chicago (Illinois) Tribune: Lieutenant John H. Cathcart, 26, a naval dental officer, has received official commendation for his help in saving sick and

wounded fighters aboard the *Tasker H. Bliss* after the transport was torpedoed off Casablanca during the North African invasion. The citation stated that Lieutenant Cathcart, formerly of Downey, Illinois, "rendered valuable assistance in the removal of the sick and wounded from the sinking ship, as well as casting loose life rafts and floating gear for use of survivors. He helped rescue patients from the sick bay, which was filled with smoke, all personnel therein being in grave danger of suffocation and serious burning." Lieutenant Cathcart is now attached to the naval base at Norfolk, Virginia.

Pittsburgh (Pennsylvania) Post-Gazette: Doctor Pauline Harrington, a practicing dentist in Bentleyville for 21 years, has given up her profession for a war job.

Chemistry was a lifelong interest for Doctor Harrington so she took a special course in this at the University of Pittsburgh. A few months later she became the women's personnel director for the New Kobuta plant to be financed by the Federal Government. Her task is to recruit women workers for this synthetic rubber plant which will soon be in operation. Her new job necessitates much traveling and she is able to be home only once a week. She will not be finished

when she has recruited the workers for the plant, because she will be on hand watching and studying the workers when the plant is in operation.

Doctor Harrington has one son training for the Army Air Forces in Florida, a daughter studying industrial engineering at Penn State College, and a young son at home. Her husband practices dentistry in Bentleyville.

Suffolk (Virginia) News-Herald: One week out of every year, Doctor Linwood C. Holland, leaves his dental practice and assumes the rôle of a clown in the



Ringling Brothers-Barnum and Bailey Circus. Last year in pursuance of his hobby, he joined the circus for a week in Washington, D. C. and featured, as part of his costume, "Bundles for Japan" in the form of bombs. Doctor Holland's enthusiasm for the circus has grown through the years, and he is now the possessor of an extensive and valuable library of circus history, including pictures and documents pertaining to circus life.

Winners of the awards for stories published in this month's DENTISTS IN THE NEWS are:

STANLEY IRONSIDE, D.D.S., 416 Broadway, Camden, New Jersey
 GEORGE D. ROUSE, D.D.S., Argyle Hotel, Charleston, South Carolina
 G. W. ADAMS, 1009 South Seventh Street, Waco, Texas
 C. E. DONNELL, D.D.S., 5164 Washington Boulevard, Saint Louis, Missouri
 FRANK P. SHAW, D.D.S., 2165 Avenue H, Wichita Falls, Texas

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted, cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Ill.

Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties," John Milton

SOMETHING HAS BEEN REMOVED

MORE THAN twenty-five years ago the Congress of the United States passed a law to give the Army Dental Corps parity with the Medical Corps. This law has been ignored in part. The Act of October 16, 1917 provides:

"Hereafter the Dental Corps of the Army shall consist of commissioned officers of the same grade and proportionately distributed among such grades as are now or may be hereafter provided by law for the Medical Corps, who shall have the rank, pay, promotion and allowances of officers of the corresponding grades in the Medical Corps . . ."

Along the line someone or some group in the Army changed this statute of the United States without the consent of the Congress. To change legislative action by executive decree is a dangerous procedure. The Army Regulations (AR 40-15 December 28, 1942) have removed the significant and enabling phrase "of the same grade and proportionately distributed among such grades as are now or may be hereafter provided by law for the Medical Corps." Not only have the Army Regulations been thus eviscerated but in actual practice the officers in the Dental Corps are not proportionately distributed among such grades as in the Medical Corps.

The Chairman of the Legislative Committee of the American Dental Association, the effective Sterling V. Mead, has shown in a report to the Board of Trustees of the American Dental Association and by publication in the *Journal of the American Dental Association*¹ that officers in the Army Dental Corps are not being distributed proportionately according to grade. In the Army Dental Corps the heavy proportion of officers is in the grade of First Lieutenant with very little rank in the top grades. The Medical Corps, on the other hand, is heavy with officers in the upper grades and comparatively light on officers in the lower grades. For example, as of December 1, 1942, 70 per cent of the officers in the Dental Corps were in the grade of First Lieutenant, whereas only 45 per cent of the officers in the Medical Corps were in that grade. Although the Medical Corps, according to Doctor Mead's report, is about three and one-half times larger than the Dental Corps, the Medical Corps has thirty officers

¹Mead, S. V.: Army Dental Corps, Report of the Committee on Legislation, J.A.D.A. 30:753 (May) 1943.

in the grade of General, the Dental Corps has one; the Medical Corps has more than 1600 officers in the grades of Lieutenant Colonel and Colonel, the Dental Corps about 350.

One of the most significant statements in the report of Doctor Mead concerns the reluctance of dental officers to make known their plight. Doctor Mead expresses this in these words, "... because of the reluctance of everyone in the Corps to give any information, in consideration of the likelihood of conflict with superior officers, it is practically impossible to get aid or information from this source." It is a fact that officers of the armed forces are afraid to express themselves. They fear reprisals of one sort or another. Anyone who receives any amount of correspondence from people in the Service knows there is at least the implied threat of an American Gestapo of some sort behind the scenes—an agency of a kind that punishes people who speak out of turn or step on sensitive toes. A classical example is the martyred General "Billy" Mitchell—he spoke true, but out of turn.

If the Army Dental Corps is to receive the recognition that it is entitled to according to a statute of the United States, civilian dentists must be prepared to carry on the fight to see that the statute is enforced. The men in Service can do nothing. The American Dental Association, through its energetic and fearless President, J. Ben Robinson, and its eminently well-qualified Legislative Chairman, Sterling V. Mead, can be expected to fight dentistry's battles, but they need our help. They need the active support of the House of Delegates of the American Dental Association and the aid of every practicing dentist in order to carry this issue to the Congress if it becomes necessary.

The new Surgeon General took office on June first this year. Major General Norman T. Kirk is favorably known throughout the Service among dental officers. He could make no better beginning than to use the influence of his high position to see that the provisions of the statute that gives the Dental Corps parity with the Medical Corps are put into immediate enforcement in the Army.

Something has been removed, but through the good offices of General Kirk something may be returned to the Army Dental Corps.

Edward J. Ryan



A view of the assembly plant (top) and a close-up scene of mechanics at work on an airplane motor.

WHEN THE FORD MOTOR COMPANY elected early in 1941 to build the world's largest airplane factory thirty miles west of Detroit, within the borders of rural Washtenaw County, it created a major social and health problem on the home front. The population of the County jumped 20,000 in twenty months, and similar gains were recorded in neighboring Wayne County. More than 8,000 families—27,000 persons—came and lived in trailers.

Yet with all this growth in the face of inadequate housing and the lack of proper water and sewage

facilities, the number of physicians and dentists serving the area has remained virtually stationary. Until recently eight dentists served Ypsilanti, three miles away, when ground was broken for Willow Run. Recently with the help of the procurement and assignment service one more dentist has been located in Ypsilanti on a part-time basis and four instructors from the Dental School at Ann Arbor, 10 miles away, are operating evenings in the offices of Ypsilanti dentists.

With eight cities and villages within 15 miles of Willow Run, cross-roads settlements mushrooming into villages and farms into

*State Editor, *Detroit Free Press*

Willow Run Dental Clinic serves thousands of Michigan war workers efficiently.

trailer camps, no one community could cope with the multifarious problems of integrating this immigration.

A committee was organized in the summer of 1942 which came to be known as the Willow Run Community Council. Financed by the War Chest contributions of bomber plant workers, it launched an immediate attack on health and housing problems.

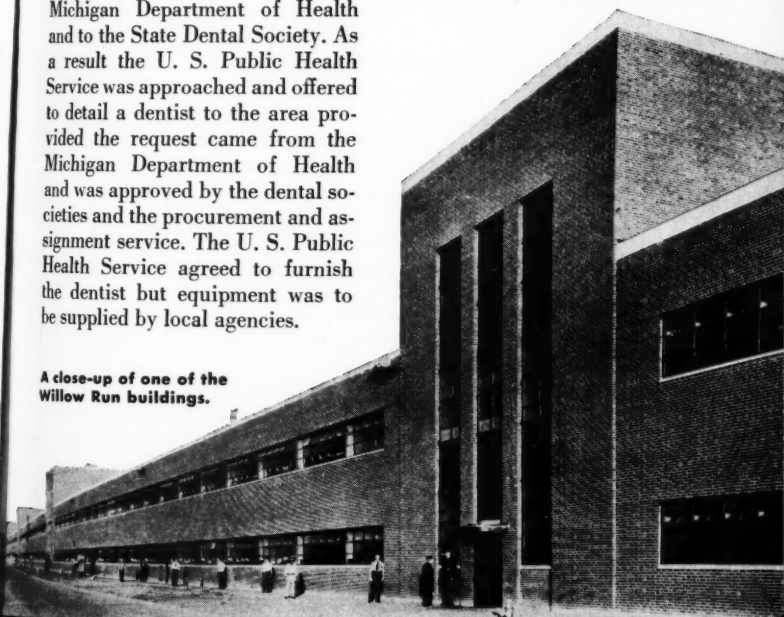
Dentists Ask Aid

Although the need for more physicians was as great or greater than that for dentists, practitioners in the latter field were the first to act. Local dentists were overwhelmed with demands for their services which they were unable to meet. They appealed to the Bureau of Public Health Dentistry of the Michigan Department of Health and to the State Dental Society. As a result the U. S. Public Health Service was approached and offered to detail a dentist to the area provided the request came from the Michigan Department of Health and was approved by the dental societies and the procurement and assignment service. The U. S. Public Health Service agreed to furnish the dentist but equipment was to be supplied by local agencies.

The request received prompt affirmative action, and Doctor George F. Barnes was assigned. Doctor Barnes established the clinic and served until March. He has been reassigned by the Health Service and his place in Michigan has been taken by Doctor Norman F. Gerrie, formerly with the Montana State Department of Health.

The Willow Run Dental Committee was organized to administer the project, with a fund of \$500 loaned by the Council. The Dental Committee includes Doctor Otto K. Engelke, director of the Washtenaw County Health Department, chairman; Doctor A. J. Hall of Ann Arbor, of the Michigan State Dental Society; Doctor E. S. George of Ypsilanti, of the Washtenaw County Dental Society; Doctor C. R. Taylor of Lansing, of the Bureau of

A close-up of one of the Willow Run buildings.



Public Health Dentistry of the State Health Department; Kenneth W. Ray of Ypsilanti, sole lay member, representing the community.

The clinic was established in a suite in the second floor of a bank in downtown Ypsilanti. A dental chair, engine, cabinets and lights were loaned by the Michigan Children's Fund, and the State Health Department loaned an X-ray machine and operating equipment. Doctor Barnes arrived in Ypsilanti in the latter part of December, and he and the committee worked with such speed that the clinic was ready to admit its first patient on January fifteenth. In the month following, more than 150 applied for treatment.

Service Not Free

The Willow Run Dental Clinic is not dispensing free service. Willow

Run workers are well paid; they do not expect free or cut-price service, and they do not get it. The clinic charges a schedule of fees set up and agreed to by the Washtenaw County Dental Society as average for the community.

The dentist's salary is paid by the U. S. Public Health Service, and all fees from patients accrue to the committee. After office expenses, including the salary of an admitting agent, are paid, the remainder goes into a fund to promote dental health and education in the Willow Run Community area. The clinic has paid its own way from the first day of operation.

So great has been the demand for dental service that a system of priorities has been established. War workers have top priority, then those of pre-draft age, next pregnant women, and families of

"Willow Run workers today are housed over half the State of Michigan, but concentrated much in the rural areas and villages within a fifteen-mile radius. The housing and health problems created by the mass influx of workers has been colossal, and their solution difficult. To the credit of the dental profession, be it said it took the initiative in a step calculated to preserve dental health; a step which is as yet a small beginning, but which has broad implications for the future."—*Donald F. Schram.*

"Since the problem here is mostly one of too few dentists and not inability to pay for the service, fees are charged comparable to average fees in the vicinity. Fees collected are to be used to pay rent, other office expenses, and the salary of an assistant. Balance left over is to be used at the discretion of the committee for other dental health promotion."—*from "Public Health" of the Michigan Department of Health.*



war workers. "All others" are at the foot of the preference list. Four to five emergency cases were admitted daily in the first month of operation, in addition to regular appointments. Many of the patients are referred by Ypsilanti dentists who find their schedules so full they are obliged to turn applicants away.

The Ypsilanti dentists, with waiting lists three weeks to three months long, see in the clinic no element of destructive competition. They see it as an agency which may be removed when and if the present boom is over; and they expect to be the gainer as the Committee's educational program comes to fruition.

"The Dental Society has set a pattern of farsighted social vision," is the opinion expressed by Spencer Gordon, executive secretary of Willow Run Community Council.

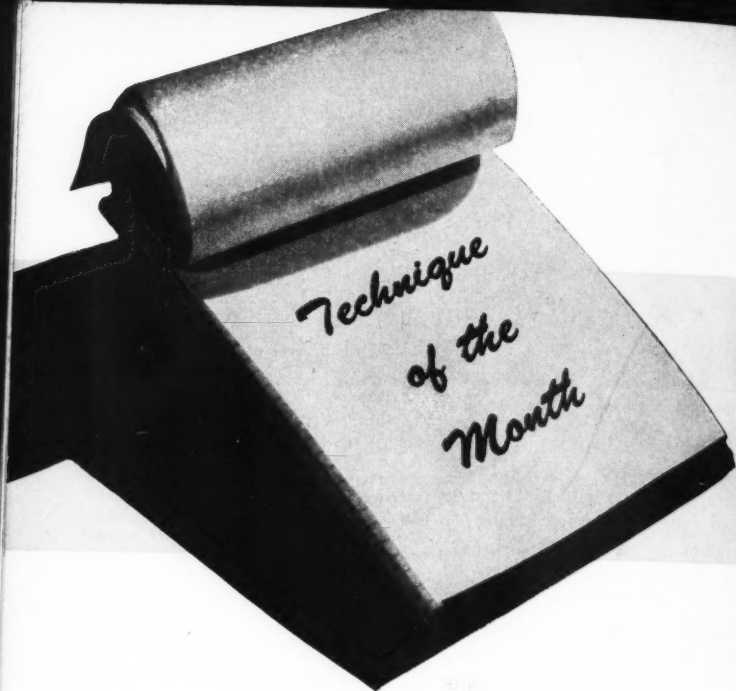
"The Michigan Department of Health, State, County and local den-

This is an aerial view of the residential area near the Willow Run bomber plant where the Federal Government is pushing its program to accommodate many of the workers of the plant. This view shows Willow Court, made up of individual "houses" in the foreground, and Willow Lodge in the background.

tal societies welcome action in asking that a dentist of the U. S. Public Health Service be stationed here to assist with remedial dental care and to study the dental situation in the area," is the comment of Doctor Engelke.

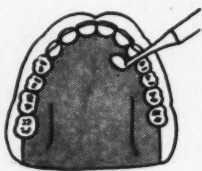
William McAulay, administrator of Local 50 of the CIO, the bomber plant local, said: "The response by the U. S. Public Health Service to our dental problem in assigning a dentist to this area is heartening. The response of our workers has been rousing."

*Detroit Free Press
Detroit, Michigan*



Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling



4

Tinfoil the entire palatal surface.



5

Using impression wax in patient's mouth, proceed with relining technique. Smooth and trim excess wax on periphery.



6

Invest, with teeth down, in lower portion of flask. Carry plaster to edge of wax on periphery. Be sure to invest deeply.

Using
wheel,
on palat

Coat w
dium.
half sto

Relining an Upper Denture



1

Using a carborundum wheel, remove undercuts on palatal surfaces.



2

Using a carborundum disc, partially cut through palate of denture as shown.



3

With a cross-cut bur, cut 7 holes through the palate along the line previously cut, as shown. Fill the cut and holes with base plate wax, and smooth up.



7

Coat with separating medium. Pour top of flask, half stone and half plaster.



8

Separate flask and boil out wax. With a bur or disc, complete the cut and remove the palate from the denture.



9

Tinfoil the model and, after trial closure, cure in the usual manner.

Dear Oral Hygiene

The Stay-at-Homes

The editorial *THE STAY-AT-HOMES ARE DOING WELL*,¹ was to me an amazing bit of exaggeration. The Doctor P's of whom you so glibly write, I am sure, are a small minority just as can be found in any profession.

Of course, the "Stay-at-Homes" are doing well. Why not? Most people are working and making more money than ever before. They cannot buy new automobiles, radios and the like and are finally having their dental service and *paying* for it. Do you expect us to refuse to treat them, or tell the patients to wait until their regular dentist returns?

If conditions remain as they are now, when the boys return, I am sure they will be able to step in exactly where they left off. If there is some economic disturbance after the war, which is usually the case, we will all be affected. I am sure the majority of the "Stay-at-Homes" are doing what they can under the circumstances; buying as many bonds as possible, being blood donors, contributing to the Red Cross, U.S.O., Army and Navy Relief, and performing civilian defense duties. Not that we deserve any credit for this, but we are doing our bit.

What do you think would be the impression and thoughts about the profession had some layman read the article?

This article, I believe, was ill-timed and a blow below the belt. Why give the impression that Doctor "P" is in the ma-

jority when it is the opposite? Why condemn the profession because of a few misguided men?—MILTON GREENWALD, D.D.S., *One Dow Building, Hamilton, Ohio.*

The Home Front

I must protest vigorously the insinuations referred to in the editorial *THE STAY-AT-HOMES ARE DOING WELL*.² The only thing the editorial can accomplish is to create ill will and hard feelings between dentists in military service and those still in civilian practice. I think you should know by your associations in the dental profession that the induction of dentists has been democratically worked out and that the Procurement and Assignment Service is doing a satisfactory job in this respect. Hitler's credo is to "divide and conquer." I feel that you are falling right into this philosophy. A retraction regarding the aspersions cast on civilian dentists would be in order.—MAX J. FUTTERMAN, D.D.S., *1749 Grand Concourse, Bronx, N. Y.*

Physicians VS. Dentists

I should like to frame a reply to the article by Doctor Guedel, entitled, "Is There a 'Doctor' in the House?"³ It is very disturbing to learn that a member of our profession can have such distorted ideas. I believe that his line of thinking is based upon ignorance of a very obvious fact. Men in the dental profession be-

¹Editorial, *The Stay-At-Homes Are Doing Well*, *ORAL HYGIENE*, 33:340 (March) 1943.

²Guedel, R. L.: Is There a "Doctor" in the House?, *ORAL HYGIENE*, 33:486 (April) 1943.

came dentists because they wanted it for their life work. If they had wanted to become physicians, they would have studied medicine.

Apparently Doctor Guedel has developed a complex about the term "doctor." My dictionary says that a *doctor* is a person of learning upon whom has been conferred a university degree. We deserve, and, therefore, have had conferred upon us this title. A physician deserves this honor no more than we do. A distinction should be made in conversation and writings by using the term *dentist* or *physician* in distinguishing the kind of "doctor." But just why Doctor Guedel feels this deference towards the physician is beyond me, unless of course he had originally wanted to be a physician and had failed.

The more I think about Doctor Guedel's problem, the more concerned I become. Are there many more dentists who feel as he does? How many others are there, for instance, who do not believe that dentistry has made great strides in the past twenty-five years? If there are many, it is an indication that there has been a great deal of neglect on the part of these men in their post-graduate study, and in reading recent

books and dental journals. Take, for example, our great advances in dental surgery. Surely those of us who have read the latest books of Thoma and Winter, and the papers of men like Kazanjian, cannot help but marvel at our progress in surgery. In histology, the writings of Schour, Gottlieb, Orban, are things to shout about.

A trip through Walter Reed Hospital will convince any critic of dentistry. Jaws completely shattered by bullets and high explosives have been restored to function in a remarkable manner by dental surgeons such as Colonel Roy Stout. Individuals with lost hope have been given a new outlook on life by dental appliances and dental surgery undreamed of ten years ago. And this praise can go on and on for any phase of dentistry, surgical or prosthetic.

I believe one of the main difficulties with men who think as Doctor Guedel believes, is that they sit back and complain about the lack of progress of our profession, and wait for someone else to do the work. How about more clear thinking and contributions from the critics, and less complaining? "Study, and keep up with the times" should be our aim.—M. A. CASHMAN, D.D.S., 2000 Connecticut Av., N.W., Washington, D.C.

If Your ORAL HYGIENE is Late

IN WARTIME, the postal service is overburdened, consequently magazine mail is delayed. We start to mail ORAL HYGIENE during the week preceding the month of issue. But it is impossible to control the date of delivery to readers. So please be patient if your ORAL HYGIENE is late.

Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Itching Sensation

Q.—A man between 55 and 60 years old came into my office complaining of a severe itching and burning sensation on both his upper and lower ridges, especially in the anterior part of his mouth. He has been edentulous for about one and a half to two years.

During this time he has had three sets of dentures made, thinking possibly that they were the cause of his trouble, but the condition still persists with or without his dentures being in place. He had a small piece of root removed from the lower left bicuspid region and had a laboratory examination made of the tissue removed from the same area receiving a negative report.

His gums look firm and healthy on clinical examination, so I made a roentgenographic examination of his whole mouth and find the conditions you will note on the X-rays I am enclosing. He still complains also of another sensation in his gums—a numb sort of feeling.

I am anxious to know what the cause of this trouble is as the man is about to lose his mind from continual annoyance. Will appreciate an answer at your earliest possible convenience.—L. M. P., Kentucky.

A.—Your case is one of many with similar complaints. Sometimes the condition results from the denture base material. As you know, we have a few people who are sensitive to red vulcanite rubber. More than a few are sensitized to gold dust rubber. In the gold dust rubber cases, however, we usually have a sore mouth. The membrane under the denture will become actually raw. Also you must consider the possibility of plastics

causing itching and burning, such as you describe, in a few cases.

One must also consider the symptoms of the Costen syndrome, which are much the same as in your case and may be caused by a subnormal vertical dimension. This possibility can be determined by increasing the vertical dimension temporarily by brushing the dentures with modeling compound.

The roentgenograms enclosed with your letter show reasonably good alveolar bone with a fairly good cortex. So I think you may consider that the trouble is caused by one of the things mentioned above.—GEORGE R. WARNER.

Erosion

Q.—I have a patient, a married woman of twenty-three, with marked notched erosion at the gingiva on all upper and lower teeth from second bicuspid to second bicuspid. The patient has no restorations in any of these teeth and her mouth is well cared for. This condition has been progressing for the last four years and some of the areas are at the point where restorations will have to be placed, for which I plan to use porcelain inlays.

I have been treating these areas with formalin which seems to help sensitivity for a few months, and have instructed the patient in proper brushing. Would you give me the latest information on erosion and what measures to use? Is vitamin B complex of any value in this condition?—H. I. B., New York.

A.—Your plan of treating the V-shaped erosions is much the

same as the one we have adopted as ours.

There is a difference of opinion as to the cause of these erosions. Some men believe them to be related to or caused by the saliva.¹ Others believe that the tooth brush dentifrice combination are in causal relation. Certainly they are likely to be in the mouths of people who brush their teeth vigorously, and in the mouths of people of a nervous temperament.

Vitamin B complex might be of some value, although I have seen nothing in the literature on its use.

—GEORGE R. WARNER.

Dryness

Q.—I have a patient for whom I have made a full upper denture in acrylic. He has an asthmatic condition and prior to the acrylic denture I made him, he wore a horse-shoe shaped vulcanite case. He never had dryness then.

He complains of extreme dryness of the mouth and has to chew gum for relief. Sometimes he removes the denture. He is a very cooperative type of patient.

Is there anything that you can recommend for this condition? What causes this dryness?—C. S., New York.

A.—Your case is one of xerostomia and such cases are difficult to handle. Prinz and Greenbaum² advise the use of pilocarpine hydrochloride and they say that it can be taken indefinitely as it is not habit forming or harmful. Prinz and Greenbaum quote Curschmann as saying, "Xerostomia in relation to its origin may be divided into three groups: (1) Those cases arising through some psycho-

genic influence; (2) those due to senile, idiopathic or atrophic disturbances of the salivary glands and (3) those having their origin within the medulla oblongata, that is to say an organic neurosis."

Under "treatment" they advise the institution of suggestive treatment and say that in one case the flow of saliva was reestablished by the insertion of artificial dentures. They advise a careful masticating of food and perhaps at times the use of chewing gum. To ease the burning sensation they advise the use of a 50 per cent solution of glycerine and water flavored with lemon juice. It is also advised to use vaseline on dentures if the mouth is so dry the dentures cannot be worn.

We have found that dryness and burning sensation are not uncommonly associated with the loss of vertical dimension in the teeth—as a result of loss of teeth and wear of teeth, the mouth is closed up until there is pressure on the nerves and blood vessels passing through the temporomandibular joint. Perhaps some one of these suggestions will be helpful in improving the condition of your patient.—V. C. SMEDLEY.

Deep Overbites

Q.—I have had several patients with deep overbites (not collapsed) and I propose to use Hawley Retainers to lower the anterior mandibular incisors.

In the absence of the models you cannot give me specific advice. In general, however, what do you think of this appliance?

Also please direct me to literature on this subject.—M. N. F., New Jersey.

A.—I am advised by an exceptionally able orthodontist that the idea of depressing the mandibular

¹Krasnow, Frances; Oblatt, E. B., and Hirschfield, Isadore: Salivary Analysis of Patients Subject to Wastings, Abrasions, and Erosions, *Periodontology Journal*, Pages 42-45, 1938.

²Prinz, Hermann and Greenbaum, S. S.: *Diseases of the Mouth and Their Treatment*, Philadelphia, Lea & Febiger, 1939.

incisors in a deep overbite case is all wrong. The alveolar bone is thin and poorly nourished in this region, which means that an attempt to depress the incisors, or six anterior teeth, may result in an alveolar bone atrophy and the eventual loss of these particular teeth.

The advice is to extrude the posterior teeth on both jaws. This will correct the overbite and probably give a more nearly normal vertical dimension than would obtain should the anterior teeth be depressed.

The Hawley retainer is used by some men and, naturally, is liked by them.

Literature on the subject of overbites is listed in a footnote.³—
GEORGE R. WARNER.

Tic Douloureux

Q.—I would be very pleased to have your confirmation or denial of my diagnosis of this case. I am sending roentgenograms of the patient's teeth. I have been seeing this patient at intervals during the past two and a half years. He is big, hearty, and in good general health, but has consistently complained of a pain in the upper right molar region. I have examined his teeth from time to time, taken roentgenograms, but I could find nothing but a complement of perfect teeth in good occlusion and a moderate amount of salivary and serumal calculus. There was no visible cause for his pain. All I could find to do for him was to administer a prophylactic treatment and prescribe home care for cleaning teeth. His pain subsided for a short time after

the prophylactic treatment but returned. During its subsiding and its return I could still not determine the cause of the pain.

Because of my refusal to extract certain teeth that the patient suggested he visited other dentists who removed the lower first bicuspid to the lower third molar on the right side and the upper right second and third molars. The removal of these teeth did not eradicate the pain.

The patient visited me again and I have received the following information from him:

1. The pain started after a blow on the head; blow delivered by the butt-end of a billiard cue. The point of injury was at the junctions of the parietals and frontal bones in the mid-sagittal line of the skull. There was no fracture but a concussion.
2. Pain was slight and infrequent at first but later become more and more intense.
3. Pain may start from the placing of food in the mouth, washing the face, touching the lower lip or chin, brushing the teeth, or sucking cold or warm air in the mouth.
4. Cold foods or liquids do not start the pain, but if the pain has been started cold foods or liquids increase the intensity of the pain.
5. The paroxysms of pain are becoming more frequent and intense.
6. Patient has lost quite a number of working days because of the pain although he is healthy, strong, and willing to work.
7. Patient is apprehensive of pain at all times that he has to touch lower lip or chin, clean teeth, or eat.

The lack of causative factors in or about the mouth and the consideration of these seven facts is the basis for my diagnosis of tri-facial neuralgia. My knowledge of the ailment is limited to one lecture received in school. I have never seen a case or treated one.

I prescribed trichlorethylene three times a day for one week, twice a day for the second week, and once a day for the third week.

I have read somewhere that there is a vitamin treatment for the ailment and that this treatment has been successful.

Should you find this diagnosis cor-

³Barber, H. W.: Treatment of a Case of Extreme Overbite in Which the Mandibular Incisors Bite Distally to the Rugae, *Orthodontia and Oral Surgery*, Int. Jnl. Pages 40-43, 1936; Steadman, S. R.: Six Different Kinds of Overbites, *J.A.D.A.* 27: 1060, (July) 1940; Muir, N. F.: Several Overbite Cases Treated with the Lingual and Plain Labial Arches, *Int. Jnl. of Ortho. Oral Surg. and Rad.* Pages 719-722, 1927; Marsh, H. E.: Two Cases of Excessive Overbite Treated with Lace-Wire Inclined Plane, *Int. Jnl. of Ortho. Oral Surg. and Rad.* Pages 618-619, 1927. Selected.

June, 1943

rect, will you kindly tell me of a successful non-surgical treatment. If the only successful treatment is surgery, will you please let me know so that I may inform the patient.

I will appreciate your assistance very much.—L. F. R., New York.

A.—While the roentgenograms show clearly a great deal of subgingival calculus and marked horizontal alveolar bone atrophy, thus constituting a definite case of periodontoclasia, I have to agree with you that the teeth or the periodontoclasia are not the cause of the pain described.

You are probably quite right that it is a case of tic douloureux. The character of the pain, the presence of "trigger points," the patient's apprehensiveness, are all characteristic of tic douloureux, or trigeminal neuralgia.

Trichlorethylene is helpful in easing the pain in these cases, but has been disappointing as a cura-

tive agent.

The non-surgical treatment has been directed along two lines that I know of: typhoid vaccine⁴ and vitamin B.⁵ This latter treatment seems most encouraging, for a high percentage of good results were obtained in some 45 cases.

However, Doctor Hardgrove says, "We have found not a single case in which the patient did not obtain relief provided the diagnosis was correct and the technique was followed."

So it would be wise for you to read these two articles and then decide which treatment seems to offer the most hope of relief in your case.—GEORGE R. WARNER.

⁴Hardgrove, T. A.: Tic Douloureux: Etiology, Accurate Diagnosis and Treatment by the Use of Typhoid Vaccine, J.A.D.A. 27:507 (April) 1940.
⁵Bersook, H., Kremers, M. Y., and Wiggins, C. G.: Relief of Symptoms of Major Trigeminal Neuralgia (Tic Douloureux), J.A.M.A. 114:1421 (April 13) 1940.

NO SUITS WANTED

(Continued from page 785)

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time. Although this ruling is exceptional and illogical, it is an example of what can extend the limitation period. For this and other reasons it is wise for the dentist to maintain complete records and retain them as long as possible. This practice may not only be a decisive factor in winning a case but, even more important, the evidence shown by the records may convince the patient that the suit should not even be started.

120 South La Salle Street
Chicago, Illinois

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He: "I can't see what keeps girls from freezing."

She: "You're not supposed to."

★

Uncle Ned, gray-haired Negro of the old South, was once asked how he got along so well with everybody.

"I spends half my time tendin' to my own bizness, an' the other half of it lettin' the udder feller's bizness alone. I gits 'long with ev'ybody, 'cause I nevah 'tempts to do de impossible, an' I always cooperates wid de inevitable."

★

"My husband is particularly liable to seasickness, captain," remarked a lady passenger. "Could you tell him what to do in case of an attack?"

"Tain't necessary, mum," replied the captain. "He'll do it."

★

Wife: "Goodness, George, this is not our baby. This is the wrong carriage."

George: "Shut up! It has rubber tires."

★

A Sultan at odds with his harem
Thought of a way he could scare 'em;
He caught him a mouse,
Set it loose in the house
And started the first harem-scarem.

★

Ad in Army Camp paper: "Girl wants work in mess. Has been in one before."

Once there was an Indian named Big Smoke, employed as a missionary to his fellow Smokes.

A white man, encountering Big Smoke, asked him what he did for a living.

"Umph!" said Big Smoke, "me preach."

"That so? What do you get for preaching?"

"Me get ten dollars a year."

"Well," said the white man, "that's damn poor pay."

"Umph!" said Big Smoke, "me damn poor preacher."

★

A member of the home missionary society approached the meanest man in town. "We are having a raffle for a poor widow," she declared. "Will you buy a ticket?"

"Nope, I couldn't keep her if I won her."

★

"I gave that girl an awful rush. Took her to dinners, shows, night clubs—even bought her a fur coat. And after six weeks of it do you know what she said?"

"No!"

"How'd you know?"

★

Wife: "Did you see those soldiers staring at that pretty girl as she boarded the bus?"

Husband: "What soldiers?"

★

"Doctor, I hope you can cure me of snoring."

"Does it disturb your wife very much?"

"Disturb my wife? Why, it disturbs the whole congregation!"



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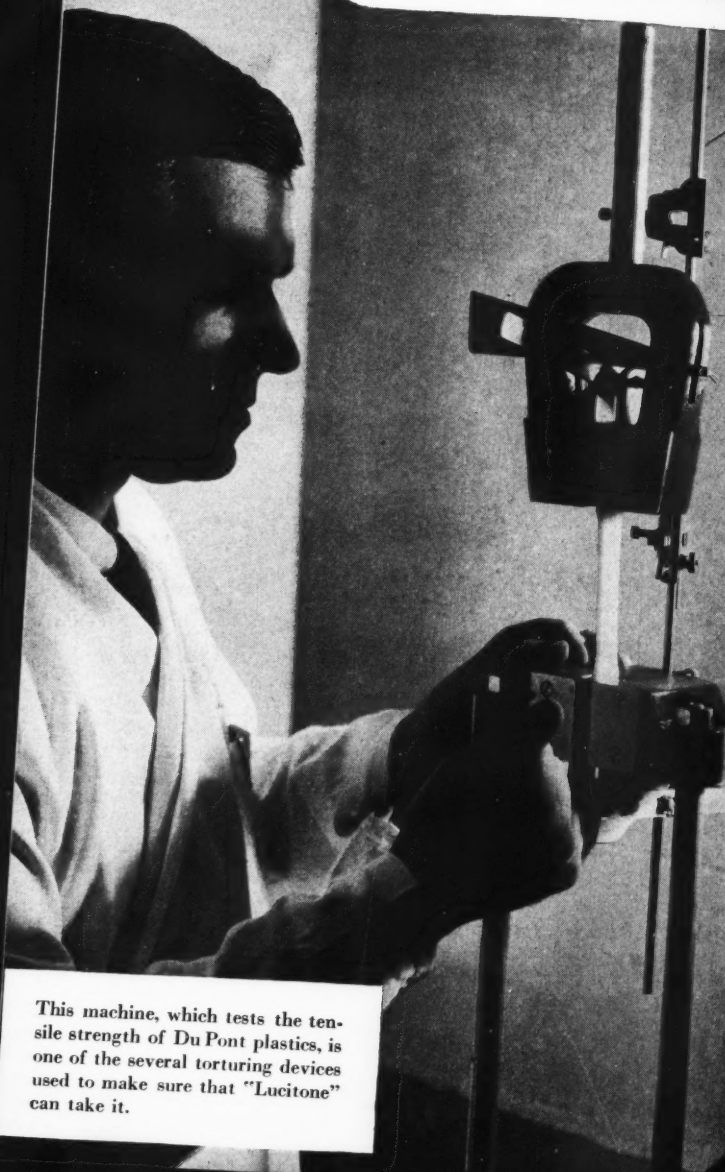
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"Lucitone" has undergone a series of punishing tests. Other mechanical jaws "bite" the material to measure its hardness. A metal arm "punches" it to test impact strength. And "Lucitone" has been "baked" under artificial sunlight to check on the permanency of its color.

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★ ★ ★

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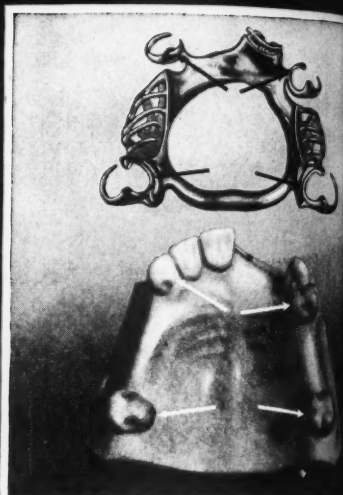
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- This case was designed with a slight posterior tilt to develop retentive undercuts on the distal of the cuspid and bicuspid and to reduce the normal undercuts on the mesial of the molars. This tilt also eliminated any existing undercuts on the mesiolingual of the cuspid and bicuspid.

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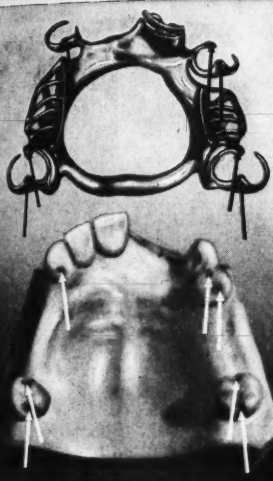
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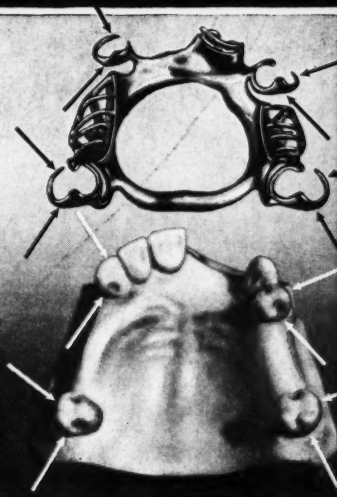
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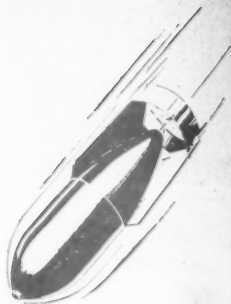
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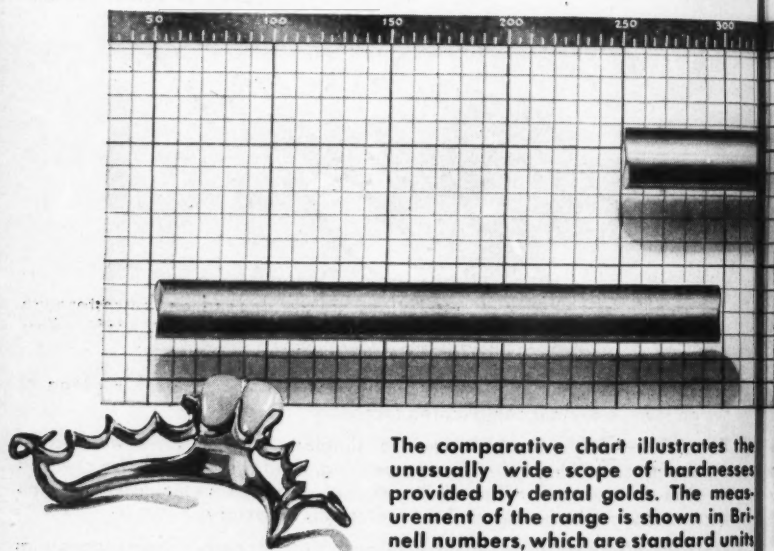
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NEW • COMPLETE • CONCISE

This new booklet explains and illustrates the recommended technic for all Steele's products. Of special interest is the section on Steele's New Hue facings. The technic used with these new porcelain-incisal facings is a simplification of that employed with Steele's Regular and Trubyte facings. This new technic is worthy of your special attention due to the widely increased demand for the better esthetics possible with Steele's porcelain-incisal facings. Write for your copy of this new Steele's Technic Book.

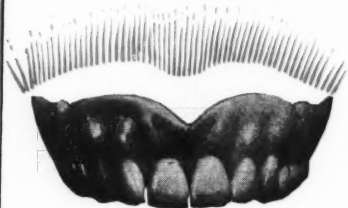
HIGHLIGHTS

**of the technic recommended
for Steele's New Hue
porcelain-incisal facings.**

- Use Steele's New Hue anterior facings in anterior positions only.
- Always use Steele's backings designed especially for Steele's New Hue facings.
- *Do not grind the incisal shoulder.*
- Follow the recommendations that accompany the tooth as to cementation.
- Carefully adjust and balance the bite before dismissing the patient.

Steele's

THE COLUMBUS DENTAL MFG. COMPANY
638 WAGER ST., COLUMBUS, OHIO



Perfect — EXCEPT FOR ONE THING!

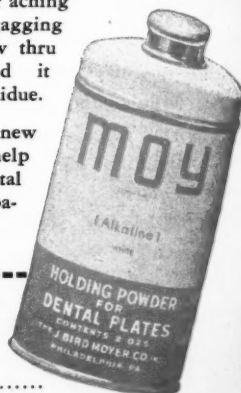
This new denture is a masterpiece of dental skill. Beautifully made, perfectly fitted—it's the closest thing to natural teeth that man can devise.

BUT — they're NOT natural teeth—and so new patients usually need a little help before proper mastication and complete self-confidence is possible.

MOY, the *modern* holding powder is particularly effective during the break-in period. It holds teeth *tight* even tho the patient has never before worn a denture. Pure white, and alkaline—MOY forms a soft, soothing cushion for aching gums. It helps prevent gagging and nausea. It won't show thru transparent dentures and it doesn't leave a gummy residue.

RECOMMEND MOY to new denture patients. It will help speed mastery of the dental plate — insure satisfied patients.

Mail the coupon for free professional samples.



The J. BIRD MOYER COMPANY,
1210-14 Vine Street, Philadelphia, Pa.

OH-6

Please send samples of MOY, white alkaline holding powder to:

Name

Address

My druggist is Address



**"KERR NOW
manufactures it too!"**

DOCTOR A:—"Have you heard that Kerr has now taken over the manufacture of Crystolex?"

DOCTOR B:—"But Kerr always did sponsor it."

DOCTOR A:—"That's right. They formulated it, and carefully checked it too. But now they're doing all the Crystolex production."

DOCTOR B:—"That means something to me. I use a lot of Kerr Products, and they're always good."

DOCTOR A:—"For that same reason I standardize on Crystolex. When Kerr builds it, it's bound to be absolutely tops."

DOCTOR B:—"Sounds reasonable to me too, Doctor."

KERR

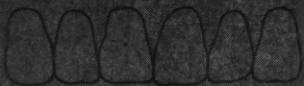
Crystolex

Advanced practice in

These colors key the transposed set-ups on the chart shown below. The three sets from which the transposed set-ups are assembled are illustrated in corresponding key colors in the left-hand column. Your Universal dealer will be glad to demonstrate the system to you.

$$\left\{ \begin{array}{l} \text{Dark tooth} = \frac{\text{M 45}}{\text{F}} \\ \text{Light tooth} = \frac{\text{M 42}}{\text{C}} \\ \text{Medium tooth} = \frac{\text{L 39}}{\text{C}} \end{array} \right.$$

M 45
F



M 42
C



L 39
C



UNIVERSAL DENTAL COMPANY

transposed" laterals...

You know how frequently centrals appear in a natural dentition with laterals of different size, shape or color.

To reproduce these "variations" of laterals as they occur in nature, it is necessary to *imitate* nature by varying lateral tooth forms and frequently color! Natural dentitions cannot be reproduced in dentures solely by elevation, rotation or overlapping in irregular arrangements.

The system of transposing laterals is new and unusual—you'll see vast esthetic improvement in the first set-up you make. The practice has been consolidated into the practical prosthetic system made possible by Five-Phase Anteriors. They are the only teeth which permit laterals of different sizes to be transposed—because proximal surfaces of all teeth are provided with co-acting contours and because all Verichrome natural tooth colors have controlled color brilliance!

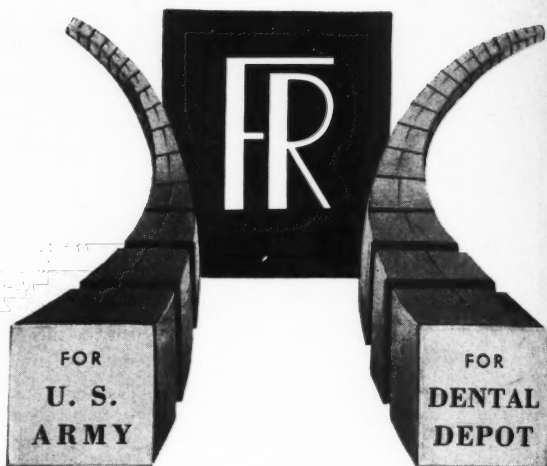
FIVE-PHASE A N T E R I O R S

...are the only artificial teeth that faithfully reproduce the natural tooth forms, varied labial surface markings, colors and texture. They are carved to the true anatomy of human teeth, not to a conception of what teeth should appear to be. This esthetic advance is at once obvious when the case is tried in the mouth.

MADE IN
**Veri-
chrome**
COLORS



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FR X-RAY CHEMICALS SERVE

in War—as well as Peace!



Today, in war — as yesterday, in peace, FR X-Ray chemicals continue to prove their versatility under the most exacting conditions. Easily and quickly prepared, uniform and stable in all climates, their efficiency speaks for itself in X-Ray films of great brilliance, and diagnostic detail. X-Ray technicians depend on FR for finer results. Do as they do — specify FR the very next time.

FINK-ROSELIEVE CO., Inc., MEDICAL-DENTAL DIVISION
109 WEST 64th STREET, NEW YORK CITY • CHICAGO



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ANACIN

A combination of medically proven ingredients for **FAST RELIEF OF PAIN** after instrumentation or extraction.

and the *NEW*

BENEFAX **VITAMIN CAPSULES**

for Supplementary Vitamin Therapy

HIGH QUALITY

100 days supply Multi Vitamins . . .	\$2.89
100 days supply A & D Vitamins98
100 days supply B-Complex Vitamins . . .	2.19

Also in boxes of 14's and 28's

LOW COST

Benefax Vitamins are easy to recommend correctly. Just indicate the type of vitamin by color:

- The red capsules in the red box B-Complex
- The yellow capsules in the yellow box A & D
- The orange capsules in the orange box Multi

Recommend Benefax High Potency, low cost vitamins for your patients



THE ANACIN COMPANY
JERSEY CITY, N. J.



"I only wear them when I have to —the rest of the time they're in my bureau drawer,"—disappointment to the patient, indirect criticism of the dentist. Yet in 7 out of 10 cases, "Bureau Drawer" dentures would be avoided by the early use of Dr. Wernet's Powder during the adaptation period.

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DR. V

Bureau-Drawer" Dentures

may so easily
be avoided in
7 out of 10 cases

As every dentist knows, it is often the wearer's own impatience that accounts for slow adaptation to the new denture, resulting in unfair criticism of the dentist's work and a "Bureau Drawer" denture.



Yet these early difficulties could be avoided in 7 out of 10 cases with Dr. Wernet's Powder.

Dr. Wernet's Powder is acceptable on sight to the patient, easy and pleasant to use because of its delicacy and purity. It helps adapt the patient to the new denture and is good insurance against unfounded dissatisfaction or criticism.

Impartial laboratory tests prove Dr. Wernet's Powder to be 26.1% whiter and purer than the average of leading competitors; 50% more viscous (for maximum security) and 46.5% more absorbent (for faster denture control).

FREE SUPPLY on Request to Wernet Dental Mfg. Co.,
Dept. I-F, 190 Baldwin Ave., Jersey City, N. J.



Pure You Eat It
Ice Cream

The basic ingredient of Dr. Wernet's is the same as is used in the making of fine ice cream.

DR. WERNET'S POWDER

ADAPTS THE
PATIENT
TO THE DENTURE

NO "PRIORITY" ON GOOD ADVICE

Your words of instruction on how to
clean dentures must now do the
whole job—no more samples available

Far-sighted dentists find it profitable to spend office time in explaining to patients the proper method of cleaning new dentures. For without proper cleaning, the dentures may become badly soiled and, as a consequence, the dentist himself criticized unreasonably.

Wernet's Dentu-Creme samples have always been a distinct help to the dentist in stressing the importance of denture cleaning. Unfortunately, due to limitations in the metals which are required for sample tubes, we are forced to restrict our former plentiful distribution. The type of metal used in the regular retail size Dentu-Creme tube, however, is not so scarce. Therefore, your patients may still obtain Dentu-Creme through the regular retail stores. Dr. Wernet's Plate Brush, especially designed for denture cleaning, will also be found in these outlets.

There is no "priority" on your words of advice and instruction so we hope you will continue to recommend Dentu-Creme—even without samples—for the present.

Thank you—for your cooperation.

WERNET'S DENTU-CREME

Dr. Wernet's Plate Brush

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Enclose

Dr. ...

A GOOD STOPPING



Crescent Stopping



4 OZ.
GLASS JAR
\$1.

- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

"Super-Absorbent"

COTTON ROLLS

These improved cotton rolls are a delight to the efficient dentist and are not harsh to the patient's mouth. They are actually spun from 100% pure surgical absorbent cotton to make them softer, more pliant and non-collapsible. They adopt easily into any position, are stretchable and small tufts are quickly detachable.

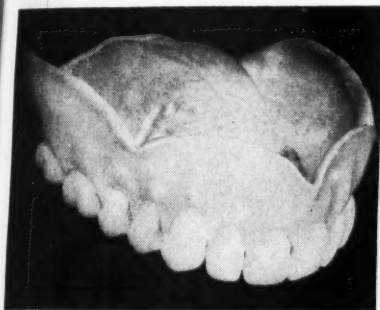


DENTAL ABSORBENTS CO.
Palms Station
Hollywood, California

Gentlemen -

Please send me a free, generous sample of "SUPER ABSORBENT" ROLLS.

DR.....
STREET.....
CITY and STATE.....



**Simplify your
Denture Making
with**

**TRAUN'S
NEW TOUGH PINK
NO. 40**

**The perfect
Full-Denture Rubber**

No. 40 Tough Pink is the outstanding feature of our line. It has the strength of a good base rubber, and can be used without hesitation for full dentures—even for partials!

The specific gravity is low, and you can safely make thin comfortable dentures. It is easily manipulated and packs freely. Dentures made with it have a dense, homogeneous surface and are durable. No. 40 has also a pleasing shade—even without bleaching. A short solarizing process will bring out as delicate a gum pink shade as even the most discriminating dentists and patients can wish for.

Order a trial package from your dealer or use the coupon.

ATLANTIC RUBBER MFG. CORP.
Successors to Traun Rubber Co.
239 Fourth Ave., New York, N. Y.

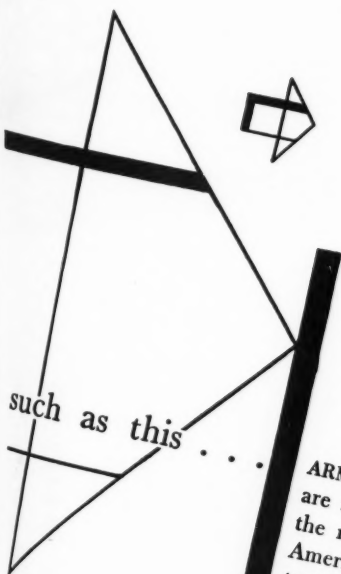
Dept. OH-4306

Enclosed \$1.00 for liberal sample package of Traun's Tough Pink No. 40.

Dr.

Calox Tooth Powder
radio
announcements
carry to the consumer
a message





such as this . . .

ARMY REPORTS REVEAL that bad teeth are shockingly prevalent—are one of the major causes of Army rejections. America needs healthy bodies—healthy teeth. Go to your dentist regularly for a check-up. It may mean better health, better looks, better morale.

To date we can report sales of this ethical, educational booklet totaling over 180,000. Many dentists throughout the country are using it regularly.

There are many reasons why you, too, should use *Your Teeth and Your Life* in your patient education program. You need only to observe the contents of the booklet to realize the importance of getting a copy into the hands of each of your patients. It is material they will read. It will benefit them. It will help you as patients are appreciative of the dentist who has their welfare in mind.

Your Teeth and Your Life explains in lay language the wisdom of proper and constant dental care. The charts in the booklet, printed in two colors, tell the essential story. The material can be used in many ways: (1) as a statement enclosure; (2) for reception room use; (3) for patient distribution upon dismissal; (4) for dental societies and Parent-Teacher Association groups; (5) for enclosure with patient recall cards.

The prices are low—25 for \$1.00; 100 for \$3.00. Prices even lower in larger quantities. Send your check now. Sample copy sent upon request.

THE DENTAL DIGEST
1005 Liberty Ave., Pittsburgh, Pa.

Your Teeth and Your Life

by EDWARD J. RYAN, D.D.S.
Editor, The Dental Digest

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**"Use a Medicine to Relieve Irritation of
the Pulp . . . Use a Cement for
Protection of the Pulp"**



JAMESSON'S MEDICATED THYMOL ZINC CEMENT DOES BOTH!

The unusually effective therapeutic action of Jamesson's Thymol Zinc Cement; its slowness in setting, thereby extending its strong bactericidal properties over a longer period—makes it ideal for pulp convalescence and prophylaxis.

Write for your copy of "Pulp Prophylaxis and Convalescence" by Paul Jamesson, D.D.S.

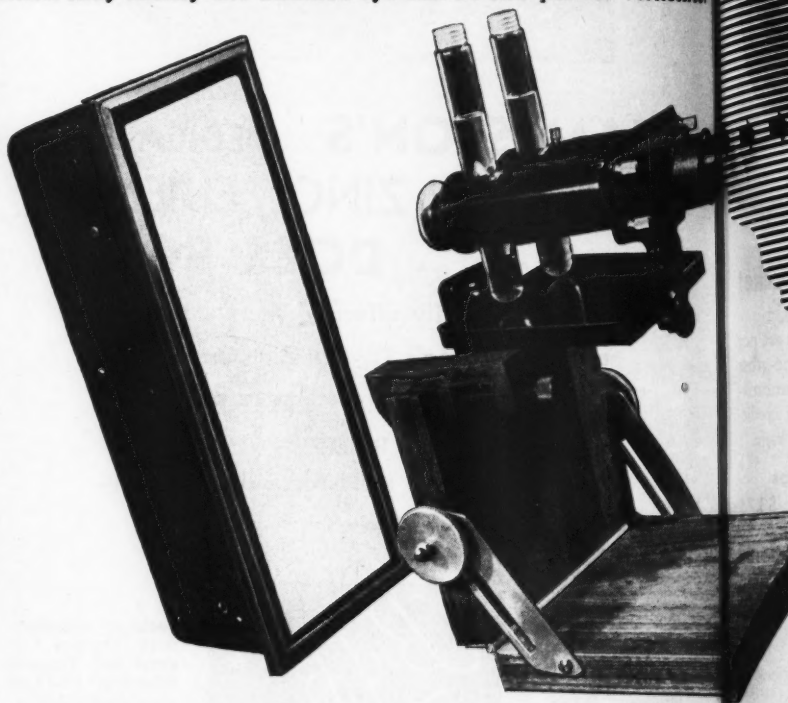


Package complete with Thymol Cement and Thymol Solution—\$3.00 at your dental dealer.

The manufacturers of acrylic resin recognize several shades of "pure" monomer, varying from completely colorless to a discernible tinge. Monomer with a slight tinge is acceptable for many uses of acrylic resin.

To make acrylic denture material of the highest quality, however, requires monomer of exceptional purity, hence absolutely free from color. To check the purity of monomer, chemical analysis is, of course, resorted to, but in addition there are numerous "look-see" tests which are useful for quick detection. One such is color comparison with the colorimeter which detects a class of impurities that give the monomer a slight tinge of color.

In the matched fields of the colorimeter, color distinctions are visible which elude the unaided eye. A color in the monomer which may satisfy the unaided eye can be sub-par for Vernomite.



VERNOMEN

makers and distributors



THE COLORIMETER TEST *for* PURITY *of* MONOMER

This circle, shows what the eye sees with the aid of the colorimeter when observing a test tube of pure, methyl methacrylate monomer compared with one containing a slight impurity.

Vernonite is made from clear, colorless monomer — always.

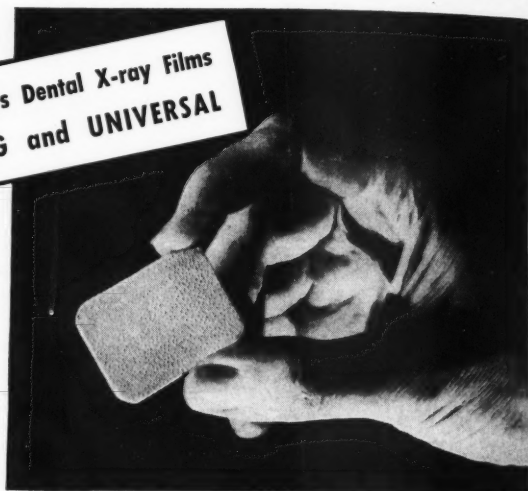
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G. E.'s Famous Dental X-ray Films
LIGHTNING and UNIVERSAL



Now Available in New Popular-priced Paper Packet

For years these two G. E. emulsions, *Lightning* and *Universal*, enclosed in a rubber packet, have been the choice of discriminating dental radiologists everywhere. Now, for the first time, they are available in economical paper packets, at popular prices.

The same fine emulsions as before—producing the same high contrast and brilliance, having the same speed, the same exposure latitude, and the same film-for-film uniformity, enabling you to standardize technique.

Order, today, from your dental dealer.

Special Introductory Offer

With your initial order of one gross will be included, *upon request*, a trial package of 1½ dozen films in a separate container—no extra charge. If

on using these trial films you are not entirely satisfied, return the one-gross package to your dealer, seal unbroken, and you will receive full credit. This offer limited to one package.

Note These Attractive Prices

Universal, Single, gross	\$3.75
Universal, Twin, gross	4.50
Lightning, Single, gross	4.25
Lightning, Twin, gross	5.00

F. O. B. Your Dental Dealer



GENERAL ELECTRIC
X-RAY CORPORATION

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Today's Best Buy - U. S. War Bonds

DENTISTS call it
The
Essential
SHOE!

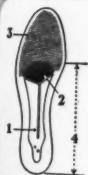


Dentistry demands steady nerves of a man who works constantly on his feet. And fatigue often starts at the feet as a result of long, straining hours. Tenseness also works up through legs and back, bringing on that "tired feeling". The answer to this problem is found in Wright Arch Preserver Shoes. Hidden under stylish lines are *four* exclusive, foot-health comfort features. Send *now* for name of nearest dealer and descriptive folder. E. T. Wright & Co., Inc., Dept. O-11, Rockland, Massachusetts.

WRIGHT
Arch Preserver
SHOES

FOOT TRANSPORTATION* FOR ACTIVE DENTISTS

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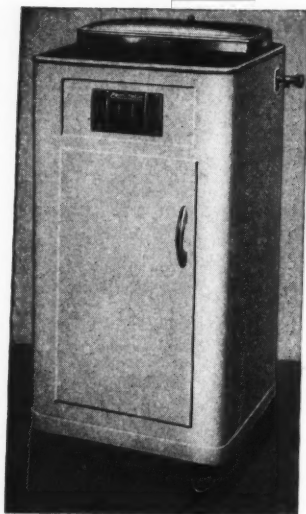


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1. Patented Shank
2. Metatarsal Raise
3. Flat Forepart
4. Correct Arch Fitting

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**Your best
Sterilizer
Buy!**



Here's a sterilizer you'll be proud to own, if perchance you are lucky to find one.

Owing to government regulations, deliveries are decidedly uncertain. Consult your dealer and it may be possible that he has one and, in which case, snap it up and count yourself lucky in obtaining this completely modern up-to-date sterilizer—the best buy we believe you can make.

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ELECTRIC CORP.

401 West 13th St.

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Net Results



SOUND, ATTRACTIVE TEETH and satisfied patients are the net results of adequate professional attention, supplemented by proper home care. If teeth are to be kept attractive, regular brushing with a properly designed toothbrush and an effective dentifrice, becomes important.

Why not, then, suggest Squibb Dental Cream and the Squibb Angle Toothbrush to your patients? Because of its unique design the Squibb Angle Toothbrush reaches exposed surfaces of all teeth—whether the dental arch is wide or narrow—and with any brushing technique. And Squibb Dental Cream polishes teeth to their natural lustre and imparts to the mouth a truly delightful sensation of cool refreshment and cleanliness.

Squibb Dental Products render dependable service. May we suggest that you give them a place in your practice?

SQUIBB DENTAL PRODUCTS

Squibb Dental Cream—A safe, effective dentifrice made with Squibb Milk of Magnesia—a fine antacid. Smooth, creamy and pleasant to use.

Squibb Tooth Powder—For those who prefer powder. Provides the same advantages as Squibb Dental Cream. Safe and pleasant to use.

Squibb Angle Toothbrush—Has a small brush head mounted on a thin metal shank, bent at an angle like your mouth mirror. Has high quality, long-lasting Synton* (synthetic) bristles.

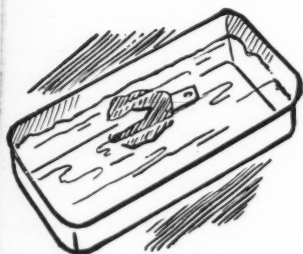
Pargran-V and Pargran-M—The former, a multi-vitamin perle, the latter, a calcium-iron capsule, supplying in proper balance the vitamins and minerals most generally insufficient in the diet. Formula meets recommendations of Food and Nutrition Board of the National Research Council. May be used to supply one-quarter, one-half, three-quarters or the full daily allowances of these vitamins and minerals. Write for literature.

* "Synton" (Reg. U. S. Pat. Off.) is a trademark of E. R. Squibb & Sons

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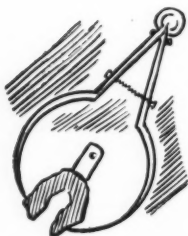
Manufacturing Chemists to the Medical & Dental Professions since 1858

The NEW and D-P WHITE IM



May Be Left In
Water Overnight!

No need to stop to pour last minute impressions when D-P WHITE Impression Cream is used. Plain water will not affect it. Add no tablets or fixing solutions.



NO Dimensional
Change!

Dimensional change, the bane of so many impression materials, is non-existent with WHITE D-P Impression Cream.

Sets HARDER

The new, improved D-P WHITE Impression Cream sets more firmly than before.

NO Distortion

D-P Impression Cream does not distort when removed from undercuts or angulated teeth.

Same Price

No increase in cost. \$4.00 per doz., 3 doz. for \$11.25

IMPROVED PRESSION CREAM



Tougher Than Ever!

Tougher, stronger, with resilience and elasticity. There is no brittleness to D-P Impressions.



**Accurate to the Nth
Degree!**

Your technician can do better work when accurate impressions are given him to start with.

**The NEW D-P Impression Cream
is WHITE**

We've changed over from the light tan formerly used for purposes of ready identification. All those outstanding qualities which made D-P dentistry's favorite Impression Cream are present, plus the new features mentioned. No fixing tablets or solution needed.

Ask your dealer.

DENTAL PERFECTION CO.

MANUFACTURERS OF

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DENTAL SPECIALTIES

LOS ANGELES, CALIF.

**ENLIST
TODAY**
in the fight
**AGAINST
CANCER**

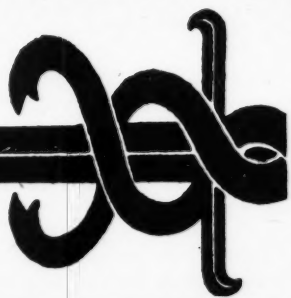
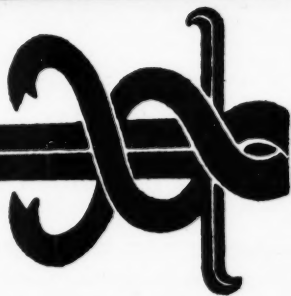
160,000 Americans die of cancer annually. Authorities say many of

LEADER

160,000 Americans die of cancer annually. Authorities say many of these deaths *could* be avoided.

Help us spread the knowledge that cancer can, in many cases, be cured. Enlist today in your local unit of the Women's Field Army.

In the Metropolitan Area, address the
New York City Cancer Committee
130 East 66th Street



AMERICAN SOCIETY FOR THE CONTROL OF CANCER



350 MADISON AVENUE, NEW YORK CITY



WARTIME HOURS are PRECIOUS

Help Your Laboratory Use Them to Your Advantage

WITH a greater volume of work and with fewer men to do it, laboratories have to make every hour count. To do this, they are having to make certain changes in their schedules. These changes will not lessen the quality of workmanship, nor will they affect your service to your patients — if you'll use these four time-saving suggestions.

1.

WRITE INSTRUCTIONS PLAINLY

and you'll do away with the possibility of time-consuming telephone calls for additional information. Also, your case will not have to be altered because of misunderstood directions.



2.

CHECK IMPRESSIONS AND BITES

and avoid the necessity for additional models or trial set-ups. You can often save hours, even days, in getting delivery of your finished case by spending a few minutes checking impressions and bites at the chair.



3.

ALLOW SUFFICIENT TIME

because today, with one technician having to do the work formerly done by three men, it is impossible to maintain peak peacetime schedules. If you can arrange to make appointments after the case is finished, you won't disappoint patients when factors beyond the laboratory's control disrupt schedules.



4.

AVOID "RUSH" MESSENGER CALLS

because there are fewer messengers and more trips to be made than heretofore. It will be difficult, often impossible, to respond to that call of "rush right over," since messenger service must be efficiently scheduled to assure reasonably prompt service.



These suggestions are offered in a spirit of cooperation with the dental profession which we have had the pleasure of serving for more than forty years and with the laboratories through which much of that service is rendered.

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

220 West 42nd Street, New York, N. Y.

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The World's
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all \$1.00 today
Sold only
CRATEX M

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Lee S. Smith

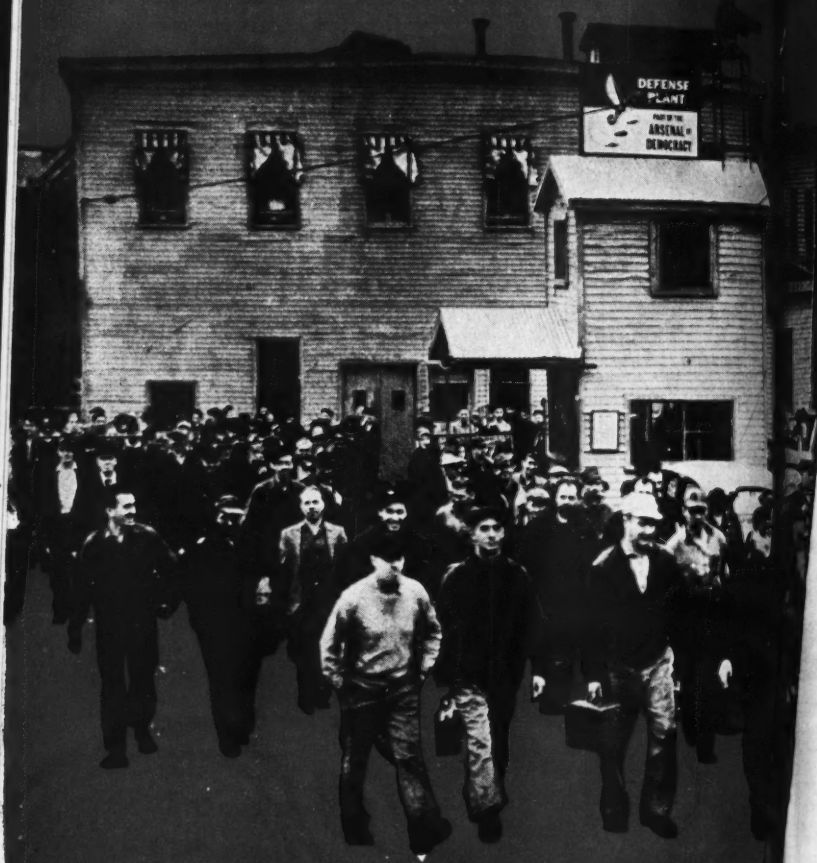
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for boys i
only \$1.50

Coronet: \$
years. Spec

This is YOUR Any



IDEAL TOOTH INCORPORATED · CAMBRIDGE, MA

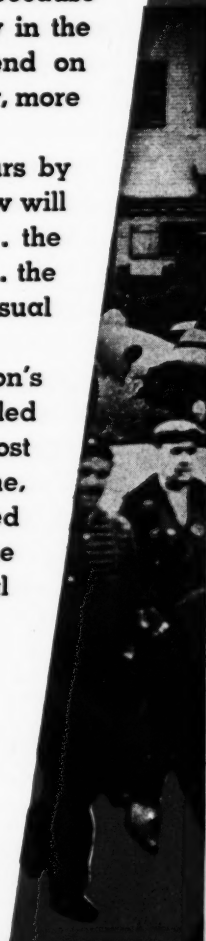
Any - **Dr. Jones . . .**

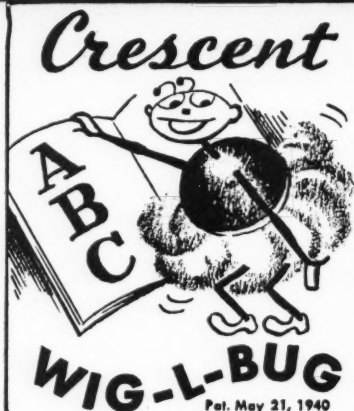
THEY are your patients, here at home. They will need you more than ever. Your responsibility is greater, because many of your colleagues are now in the armed forces. More people depend on you for better dentistry . . . for better, more efficient dentures.

Time is short. Save valuable hours by using time-tested teeth that you know will completely satisfy your patients . . . the teeth most natural in appearance . . . the teeth with a proven record of unusual strength.

The original masterpiece, Dr. Myerson's **TRUE-BLEND** teeth, have an unequalled record as to strength . . . they are the most natural in appearance. Now, in war-time, more than ever before, the best is indicated for all your cases. For the best . . . the safest . . . the most natural . . . in dental restorations, use

Dr. Myerson's
TRUE-BLEND Anteriors
and
TRUE-KUSP Posteriors





It's as simple as ABC to make better, faster, more successful fillings with this Wonder Electric Mortar and Pestle. Better? Yes, because the Wig-l-bug's mix is a smooth fine texture always the same. Faster? Yes, because the Wig-l-bug takes only 7 to 10 seconds to triturate enough amalgam for an ordinary size filling. More successful? Yes, because this modern device eliminates much of the human element, standardizes technic, assures definite results. The Wig-l-bug ALSO cuts costs by eliminating waste, saving alloy and mercury. Complete information on request.



Model No. 3A

Through your dealer or direct

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO

Gebauer's

ETHYL CHLORIDE
U. S. P.



Preferred by the profession since 1902. Now supplied in sturdy, dispensable closure in two fl. oz. (54 gm) 3 fl. oz. (81 gm) and 4 fl. oz. (108 gm) sizes. Choice of fine, medium or coarse spray. The amber glass bottle is actinic ray resisting thus Gebauer's Ethyl Chloride is guaranteed to retain its purity indefinitely. Also supplied in the well known metal tube container with regulating valve in 40 gm. and 100 gm. sizes.

Literature on request. Ask your dealer.

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9410 St. Catherine Ave. Cleveland, Ohio

Castle

will help you get the most from your sterilizer. Send for your FREE copy of "The Castle Manual of Correct Sterilization."



WILMOT CASTLE COMPANY
1101 UNIVERSITY AVENUE ROCHESTER, N. Y.

THE LOOK AHEAD . . .

★ "The richest rewards of tomorrow," says someone, "will be for those who prepare best for them." Dentists, giving their utmost in war service, are looking ahead. While x-ray equipment is now available when essential to war effort, after peace, old equipment will have to be replaced; new apparatus will be needed where not now utilized; and the public will demand service fully abreast of present-day rapid progress. Today's duty thus goes hand in hand with tomorrow's plan.



H. G. Fischer & Co.
2323-2345 Wabansia Ave.
Chicago, Illinois

Pre
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This Hand
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Eliminates

A spec
matrix
texture
Widths
Gauges
20-ft. roll
MATRICE

Super-
drying
lined to
RED—
BLUE—
Thin—
Articodon
ARTICO

45 ft.
textur
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Ultra-
X-ultr
Amber
Celodent
CELODE

Sold by

UNION
37 Wes

THE BIG 3

Preferred by Thousands
of Dentists Everywhere

This Handy Dispenser
Saves Material—
Eliminates Waste.



MATRICODENT

A specially tempered stainless steel matrix metal. Strong and smooth in texture. 20 feet long.

Widths: 3/16", 1/4", 5/16", 3/8"

Gauges: 40 (.003"), 44 (.002")

20-ft. roll with dispenser.....\$1.25

MATRICODENT refill only..... .90

ARTICODENT

Super-sensitive, clear marking, non-drying articulating paper. Tissue lined to prevent smudging fingers.

RED—Waxed Only

BLUE—Waxed and Unwaxed

Thin—36 ft. long Thick—25 ft. long

Articodent with dispenser.....\$1.00

ARTICODENT refill only..... .65

CELODENT

45 ft. roll of celluloid; strong, smooth texture. Dispenser enables cutting to any size.

Ultra-thin—(.003") 3/8" and 1/2" wide

X-ultra-thin—(.002") 3/8" wide only

Amber color—(.003") 3/8" wide

Celodent with dispenser.....\$.80

CELODENT refill only..... .45

Sold by Reliable Dealers Everywhere

Manufactured by

UNION BROACH CO. INC.

37 West 20th St., New York, N.Y.



A
NEW
HIGH IN
SILVER
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This fine
Amalgam
Alloy
contains

74½%

PURE SILVER

CONFORMS TO FEDERAL AND A.D.A. SPECIFICATIONS

CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO



No. 16

S. S. White No. 16 is a gold-platinum, gold colored alloy, supplied in ingots for casting, popular wire gages for clasps, and lingual bar sizes, consequently it may be employed in any combination of cast and wrought metal in partial denture construction with perfect color harmony.

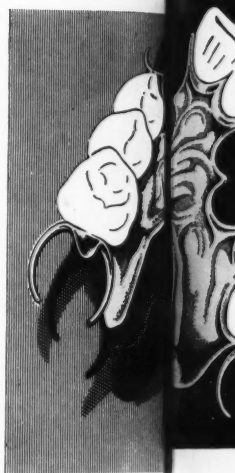
While the price of No. 16 classifies it as an economy gold, its physical properties rival those of the top-grade golds on the market.

It's strong, remarkably tough, has good resilience, responds beautifully to heat treatment, doesn't need bulk for strength.

\$1.80 per dwt.

FOR SALE BY YOUR LOCAL DEALER

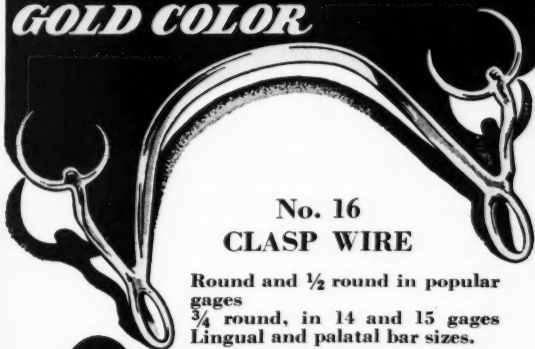
For perfect color harmony in



THE S. S.

Casting Gold Clasp Wire

GOLD COLOR



No. 16 CLASP WIRE

Round and $\frac{1}{2}$ round in popular gages
 $\frac{3}{4}$ round, in 14 and 15 gages
Lingual and palatal bar sizes.



No. sharp edges
to cut the tooth
enamel, or to be
nicked by the
pliers in bend-
ing.

Use $\frac{3}{4}$ Round For Clasps

$\frac{3}{4}$ round is thicker, therefore stronger through the cross section than $\frac{1}{2}$ round wire of the same gages. 15 gage $\frac{3}{4}$ round approximates 14 gage $\frac{1}{2}$ round in weight and performance.

$\frac{3}{4}$ round also takes transverse bends better—it doesn't nick so readily because no sharp edge is presented to the pliers, consequently $\frac{3}{4}$ round requires less effort in finishing and polishing.

12" lengths \$1.80 per dwt.

THE S. S. WHITE DENTAL MFG. CO. • PHILADELPHIA, PA.

in assembled gold partials

The Thought Behind the Gift...

WHAT GIFT DO THEY GO FOR?—**CIGARETTES!**

WHAT BRAND DO THEY LIKE BEST?—**CAMEL!**

WHEN you're thinking of gifts for friends or relatives in service, you can bank on this...It's cigarettes they appreciate...and Camel, the smoke they like best.*

Today, as in the past, Camels are the favored brand of millions and millions of Americans. It's the special mildness of Camels, their delightful fragrance, their ever-appealing flavor.

Camels by the carton...the way your dealer features them...is the thoughtful, generous gift. Send Camels today.

CAMEL — COSTLIER TOBACCOS



BUY WAR BONDS
AND STAMPS



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With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)





Give Your Patients the ...

FIFTH FREEDOM

The Four Freedoms of the Atlantic Charter must await the coming of peace. But the Fifth—your patients' Freedom from Pain is assured as soon as you start using PROCO-SOL anesthetics. Order today from your local supply depot.

Freedom from PAIN with

PROCO-SOL

Procaine Solution

with Neo-Synephrin or with Epinephrin

SCIENTIFICALLY CONTROLLED
LOCAL ANESTHETIC



Proco-Sol CHEMICAL COMPANY-INC.

1233 SPRING GARDEN ST., PHILA., PA.

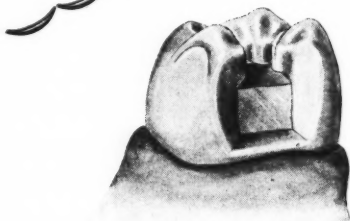
★ WRITE FOR FREE SAMPLES
PLEASE ADDRESS DEPARTMENT 06

A *New* HORIZON

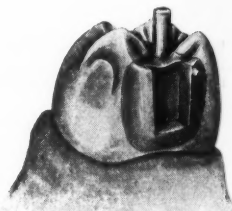
STERN BRINGS YOU A NEW
WAY OF SIMPLIFYING YOUR
SELECTION OF DENTAL GOLDS

... and a new assurance of
undeviating faithfulness in performance

One of the many uses of
STERN
2



*Inlays for precision attachments, where
the physical property requirements are
of the highest degree.*



STERN
PRECISION

ESTABLISHED 1897

I. STERN & CO., INC.
233 Spring Street
New York, N. Y.

TO SA
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STERN

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COPY IN
CARTON



TO SAVE TIME . . . to be assured of consistently satisfactory results—these are objectives that become increasingly vital every day.

And so, in step with the times, Stern metallurgists and technicians have developed eight golds which, in physical properties and precious metal content, meet the demands of both function and cost for every restorative problem.

Carrying this development a step further, Stern has arranged these golds in two easily distinguishable series,—Standard and Special,—and packaged them in such a way that you can determine at a glance the physical properties and adaptability of each.

Thus, your task of selecting the exact gold most suitable for any operative or prosthetic procedure is completely simplified, and at the same time, you are assured of undeviating faithfulness of performance, no matter what the requirement, because of the undeviating precision standards maintained in each of these eight Stern golds.

Illustrated above is STERN 2 gold of the STANDARD SERIES, \$2.00 per dwt. When you require a lower priced hard inlay casting gold, select the companion product, STERN 20 of the SPECIAL SERIES, \$1.70 per dwt.



GOLD SELECTOR

STERN STANDARD SERIES			
STERN S SOFT INLAY CASTING GOLD	STERN 1 MEDIUM INLAY CASTING GOLD	STERN 2 HARD INLAY CASTING GOLD	STERN 3 PARTIAL DENTURE CASTING GOLD
STERN 10 MEDIUM INLAY CASTING GOLD	STERN 20 HARD INLAY CASTING GOLD	STERN 30 PARTIAL DENTURE CASTING GOLD	STERN SPECIAL WHITE PARTIAL DENTURE GOLD
STERN SPECIAL SERIES			

GUMS "GLOW WITH HEALTH"

STIM-U-DENTS are made of soft tropical wood scientifically designed to provide safe effective massage of the interproximal tissue and to clean the hard-to-get-at spaces between the teeth without injury to interproximal silicate fillings. Employed with excellent results as an aid to prevention and treatment of PYORRHEA and GINGIVITIS. The gum tissue seems to "glow with health" from their daily use. By this pleasant home treatment patients are aroused to a new interest in their teeth. They see their dentist more frequently. They acquaint their friends with STIM-U-DENTS. TOOTH-CONSCIOUSNESS is promoted with more and more people interested in the care of their teeth. STIM-U-DENTS also make excellent wedges in inlays and other procedures.

SPECIAL SIZE POCKET CONTAINERS designed exclusively for dentists (see cut) 100 for \$1.00 postpaid. Sample upon request.



STIM-U-DENTS

54 Alfred Street
Detroit, Michigan



TEETS METAL COATING

Acclaimed by Dentists Everywhere

At last . . . a metal coating that "blanks out" dark areas that normally would show through acrylic materials in dentures, partials, synthetic jackets, bridges, etc. Assures retention of even shading throughout. Two sizes, \$1.75 & \$4.50.

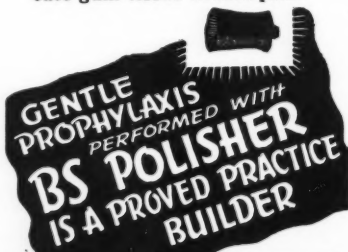
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CO-ORAL-ITE DENTAL MFG. CO.

Makers of Superior Dental Products Since 1919
SANTA MONICA, CALIF.

SAFE

Chipping of tooth enamel can do irreparable harm . . . bruising or puncturing delicate gum tissue causes pain



Young DENTAL MFG. CO.
ESTABLISHED ST. LOUIS, MO.
OVER 40 YEARS AGO

. . . large bulk in mouth causes discomfort.

These are the reasons why Young's BS Polishers are made small of flexible rubber with no exposed moving metal parts.

This advantage, combined with unmatched convenience and cleaning efficiency, is why BS Polishers are first choice of the dental profession.

INCREASED PRODUCTION FACILITIES now enable us to fill orders for BS Polishers more PROMPTLY.

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RADIODONTICS . . . dentistry's most effective wartime weapon

TODAY, it's up to you to get the worker out of your chair promptly, and back to his job. With the aid of the complete radiodontic examination you can quickly uncover—and quickly correct—incipient conditions which, if undisclosed, might cause no end of lost man-hours later.

Furthermore, radiodontics conserves *your* time in the present emergency. And new patients now able to afford adequate dentistry will learn—and remember—how much pain and trouble you can save them.

Eastman's contribution to wartime dentistry is its complete line of dental x-ray films: *Bite-Wing*, *Periapical*, *Occlusal*, *Extra-Oral* . . . in the sizes preferred by the profession, and with the characteristics favored by you . . . all so dependable that you can safely adopt swift, standardized exposure and processing technic. Order from your regular dental dealer. . . . Eastman Kodak Company, *Medical Division*, Rochester, N. Y.

Made together to work together . . . For the best possible results at all times with Eastman films: (1) have your dealer deliver fresh Eastman Chemicals, powder or liquid, regularly; (2) when you receive them, have your assistant replace all stale solutions.



The great majority of all dental radiographs are made on
EASTMAN FILM

UNITED DRUG COMPANY and YOUR REXALL DRUGGIST
YOUR PARTNERS IN HEALTH SERVICE



U. D. Products
 are available
 wherever you
 see this sign.

**YOU MAY RECOMMEND these three products to
 your patients with confidence**

Patients naturally look to their dentists for advice in the matter of oral hygiene, including tooth-pastes and these three products, developed by scientists of the Department of Research and Control in our laboratories—as modern and complete as any in America—may be recommended with complete confidence in their purity, efficacy, and economy.

Mi 31 Solution is the pleasant tasting oral antiseptic that kills contacted germs faster, when used full strength (as directed) without harming the delicate tissues of the mouth. Used as an antiseptic solution, following extraction, its cleansing and stimulating effects promote normal healing.

Mi 31 Toothpaste has the pleasant, refreshing taste of Mi 31 Solution. It softens and dissolves surface stains so that they are easily removed by brushing. Contains no harsh abrasives.

Briten Toothpaste develops a clean-tasting, alkalizing foam which brightens the teeth and floods many hard-to-reach spots, floating away food particles that may decay and cause bad breath.

These three outstanding dental products are sold by all Rexall Stores. We invite you to try them yourself and recommend them to your patients for purchase at their neighborhood Rexall Drug Stores.



UNITED DRUG COMPANY

BOSTON • ST. LOUIS • CHICAGO • ATLANTA • SAN FRANCISCO
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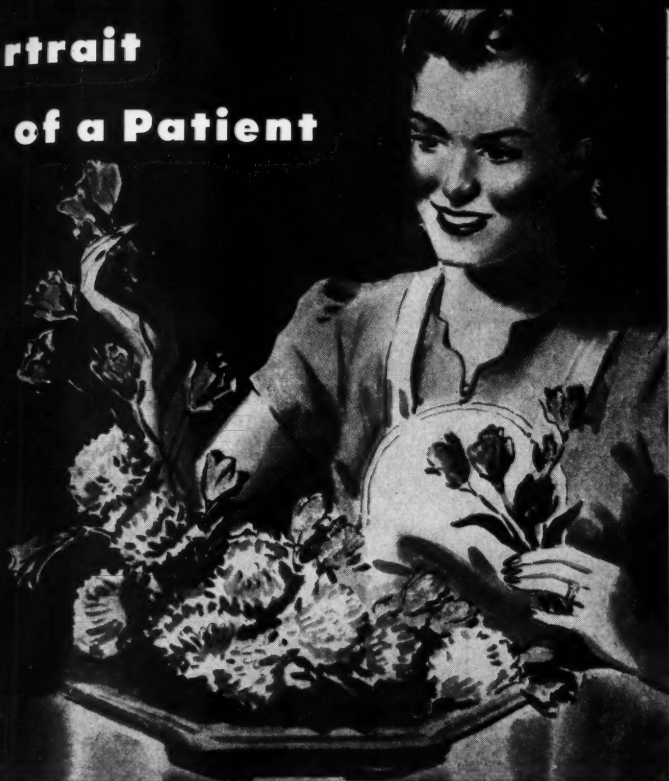
*Pharmaceutical Chemists—Makers of tested-quality
 products for more than 40 years*



Like m
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 Helping
 affect
 Ritter
 Where
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 War B
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BUILD

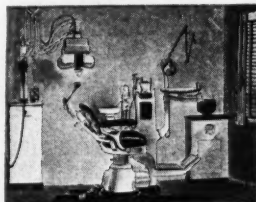
Portrait of a Patient



Like most women she has an instinctive eye for style and beauty. The smart appearance of her dentist's modern Ritter-equipped office instantly makes an impression; leads her to refer many of her friends to him.

Helping to win the war has delayed Ritter deliveries, but it need not affect your plans to invest in post-war Ritter Equipment.

Wherever you are today—on the fighting front or home front—start now to build a War Bond Reserve for reinvestment in the practice-building beauty and time-saving efficiency of Ritter Equipment. Ritter Company, Inc., Rochester, N. Y.



Ritter

EQUIPMENT

BUILD A WAR BOND RESERVE FOR

SMOCKS for Dentists



ORDER NO. 41 TD 8

\$235 ea.
3 FOR \$6.70



Enjoy the pleasure of real comfort . . . and the satisfaction of smart appearance with ANGELICA S. You'll be surprised at their long wear . . . and their low cost. Every garment Tested and Approved and thoroughly guaranteed. Prompt, convenient service. Order today! Free delivery in U.S. if full payment accompanies order.

SMOCK (at left). Made of sturdy White Twill with pleated back and indestructible knot buttons. Sizes 34 to 48.

DRESS (at right). Princess style, opening full length with sewed-on White bone buttons. Detachable belt. Made of durable White Twill. Sizes 30 to 46.



UNION MADE
Angelica
**WASHABLE
UNIFORMS**

Order from Our Branch Nearest You

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NEW YORK	107 W. 48th St., Dept. 14
CHICAGO	177 N. Michigan Ave., Dept. LE
LOS ANGELES	1101 S. Main St., Dept. LE

UNIFORMS for Assistants



ORDER NO. 31 TD 219

\$300 ea.

Your Goal — Pleased Patients Our Goal — Pleased Dentists and Patients

Masel's PURE PLATINUM Ready-Made Crowns are ideal for those patients who object to the color of gold crowns. *Inexpensive* but known for their esthetic merit these crowns are strong, durable, and permanent in color.

Masel's PURE PLATINUM Ready-Made Crowns will please your patients. You will be pleased too. Platinum rightfully commands the highest respect in the mind of every patient.

No complicated technique . . . easy to fit and adapt . . . will withstand any degree of contouring and cuspal adjustment for perfected articulation.

Prices, \$2.00 to \$4.70





Tepper's STERI-CLEANERS

Polish Quickly...No Loose Pumice

Tepper's Steri-Cleaners give you smoother, cleaner polishing than you've ever experienced—they polish fillings quickly; smoothly. Order through your dealer.

MARTIN RUBBER CO., Inc.
LONG BRANCH, NEW JERSEY

MILLER'S ELECTRIC HANDPIECE

FOR CHAIR AND
LABORATORY USE

Save your present handpiece for oral work.

Ask your Dealer for
Free Demonstration

CHICAGO WHEEL & MFG. CO.

Dept. OH
1101 W. Monroe St.
CHICAGO ILLINOIS



Send for Catalog

*A Precious
Heritage of*
PREFERENCE...

Platinum **PALLADIUM** *Golds*

PATIENTS come to you pre-sold on precious metals. Platinum-Palladium-Golds require no explanation. . . . Small wonder that both you and your patients are better satisfied by using precious metals. Please consult your usual sources of supply for dental golds.



Platinum Metals Division

THE INTERNATIONAL NICKEL COMPANY, INC.

67 Wall Street, New York, N. Y.



**PROFOUND ANESTHESIA
OF NORMAL DURATION**

**PROFOUND ANESTHESIA
FOR PROLONGED OPERATING TIME**

Minutes
the shock
pain —
You can
anesthe
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many,
remark

COO

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NO

NO

HELP YOURSELF

EXTRA hour each day!

Minutes upon minutes are lost — while you wait for your patient to recover from the shock of intense pain — when you are delayed because of a patient's fear of pain — when you must proceed cautiously and slowly to lessen the discomfort.

You can **SAVE** these precious minutes by the routine use of Cook-Waite local anesthetic solutions. This is particularly important now that you are conscientiously trying to serve more and more patients in the time once allotted to many, many less. Novocain-Cobefrin and Novocain-Pontocaine-Cobefrin are remarkable for the same wide tolerance and deep intensity. Order both now!

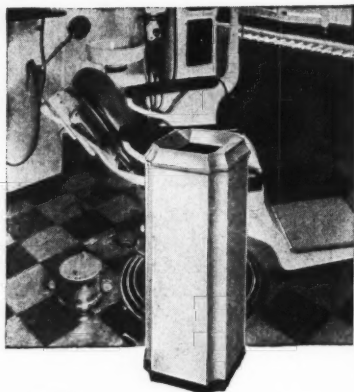
COOK-WAITE
Laboratories, Inc. 170 Varick Street, New York, N. Y.
Laboratories: Rensselaer & Springville, N. Y.

NOVOCAIN-COBEFRIN

OR

NOVOCAIN-PONTOCAINE-COBEFRIN

COBEFRIN, NOVOCAIN, PONTOCAINE: Reg. Trademarks, Winthrop Chemical Co., Inc.



Sanette DENTAL WASTE RECEIVERS

Combine Fine Professional Styling with Utility

In distinctive design and beauty of finish, Sanettes complement the most modern chair, cabinets, X-ray machine and other equipment. Every operating room, reception room, office and lab can now include these smart, new waste receivers... supplied in open and closed top models.

Cream white, ivory tan and grained mahogany baked-on enamel finishes. Act promptly while these Sanettes are still available. Send for circular and include dealer's name.

Master Metal
Products, Inc.
313-F Chicago St.
Buffalo, N. Y.

**MODERN
DISTINCTIVE
LARGE
CAPACITY**

WHITE ROCK

professional apparel

designed to fit the budget
without sacrifice of quality



- GOWNS and SHIRTS for Dentists
(Made of pre-shrunk Poplin or Sergean)
- TROUSERS* for Dentists
- LABORATORY COATS*
(*garments of sanforized 8 oz. Duck)

Every garment you select carries a money-back guarantee for quality and workmanship.

WRITE FOR CATALOG AND PRICES

Mail orders promptly filled. Dentists are also invited to visit our popular metropolitan retail outlet.

FOR DENTAL ASSISTANTS AND TECHNICIANS

Send for our latest catalog of nurses uniforms.

WHITE ROCK UNIFORM SHOPS, INC.

150 West 34th St.

New York, N. Y.

Crescent Webbed Polishers

are made of **LIVELY,
LONG-LIFE rubber**



- Provide greater, more effective polishing surface
- Are smooth, gentle, yet powerful
- Retain abrasive while in use
- Permanently mounted; will not slip off



Pat. Sept. 14, 1937

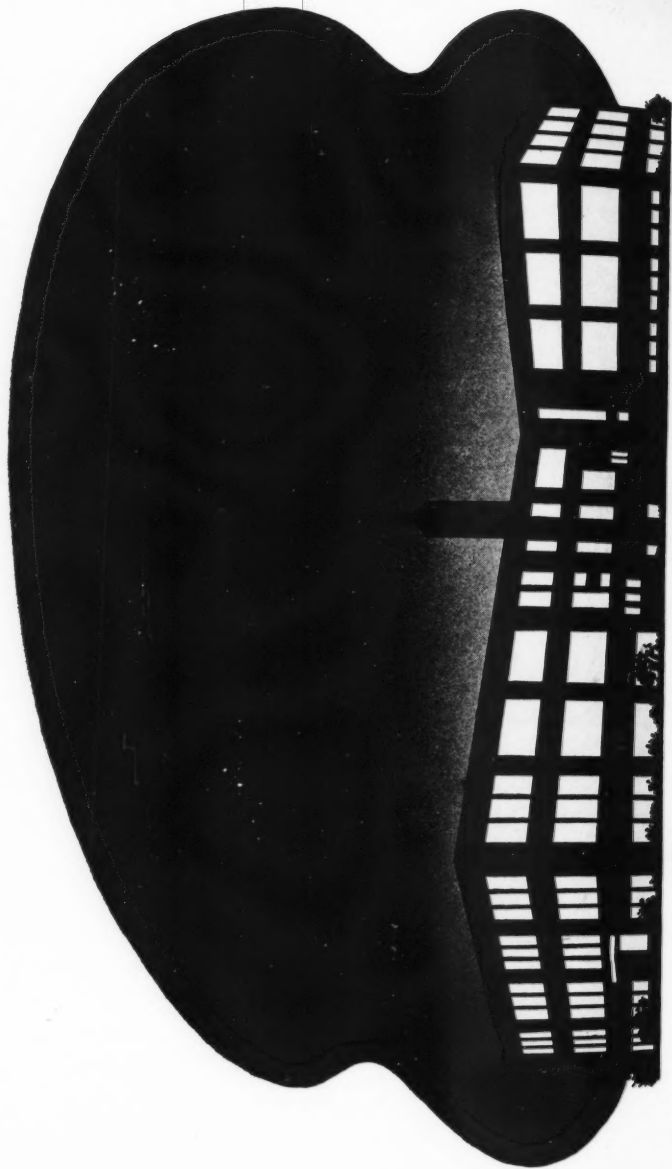
CRESCENT DENTAL MFG. CO.
1839 S. Crawford Ave., CHICAGO



"Acetylsalicylic acid
continues to be the safest
and generally the most
effective analgesic drug."

Drugs for Arthritis, Journ. A. M. A.
Queries and Minor Notes, July 25,
1942, p. 1065.





NIGHT AND DAY...for nearly four years...the R & R

NIGHT AND DAY...for nearly four years...the R & R plant has been working around the clock on a steadily expanding program of bur production. Month by month the output has been stepped up by every means compatible with the maintenance of traditional Cutwell Bur quality. And month by month production is still being stepped up in an unremitting effort not only to meet the growing requirements of our armed forces throughout the world, but to supply the urgent needs of you who are toiling so hard to maintain the health and morale of the workers here at home...*To that effort we stand pledged.*



THE RANSOM & RANDOLPH COMPANY
TOLEDO, OHIO

NEW CUTWELL AND DENSCO CUTWELL BURS

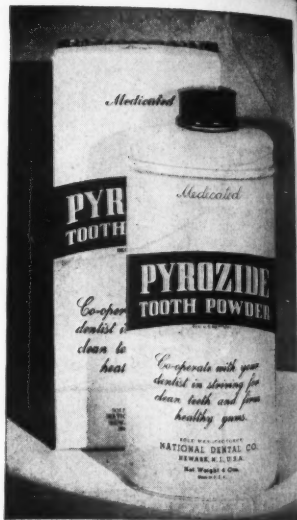
PYROZIDE TOOTH POWDER

is designed to meet the demands of modern dental science. Requisite for home cooperation in conjunction with your instrumentation.

The inclusion of DENTINOL in PYROZIDE TOOTH POWDER produces a fine medicated dentifrice which has been prescribed by the dental profession throughout the world for almost 40 years.

To help maintain mouth health, recommend PYROZIDE TOOTH POWDER.

Accept no substitutes for DENTINOL or PYROZIDE TOOTH POWDER.



WEB DISTRIBUTING CO., 259 South St., Newark, N. J.

ALL A. C. CLARK EQUIPMENT PARTS

Complete stock of parts.
Skilled workmanship. Your old outfit reconditioned like new. Ask for an estimate.

GLAZBROOK BROS. DENTAL SERVICE SHOP
7225 Wentworth Avenue
Chicago, Ill.

Our long years of experience is your guarantee

We can still supply new cuspidor waste and supply tubing. Send us your old connections. We will attach new tubing. Prompt, guaranteed service.

WRITE FOR SAMPLES

"GUM-TINT" IN DENTURE FIELD 44-YEARS
THE PARISIEN CHEMICAL CO., INC.
CLASPS AND BARS. "MIRACLE" INSTANT ALLOY MIXER. GUM-TINT BLANKS—PARFAIT BLANKS
TOLEDO, OHIO

THUM Checks NAIL BITING AND THUMB SUCKING

Children who repeatedly suck their thumbs and bite their nails run the risk of transporting germs, dirt, grit and other foreign matter into their mouths and throats. This habit is not only unhealthy but very unbecoming to any child. Use Thum to discourage thumb sucking and nail biting.

THUM contains extract of capiscum (2.34%) in a base of acetone, nail lacquer and esopropyl alcohol. Applied like nail polish.

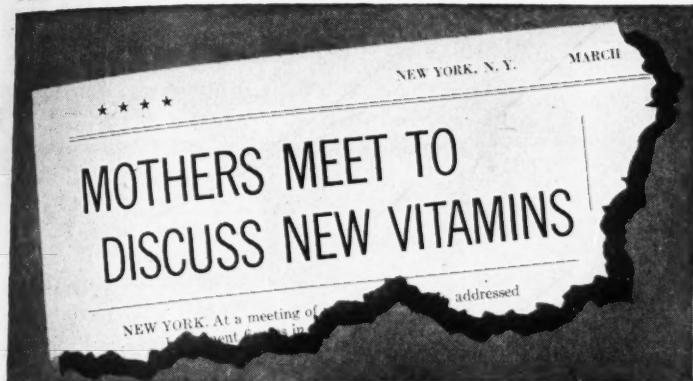
\$.50 and \$1.00 per bottle at your dental depot or druggist.

NUM SPECIALTY CO. 4614 Fifth Avenue, Pittsburgh, Pa.



OH 8-43

THE NUTRITION CLINIC . . . with special reference to canned foods



When your patients ask about vitamins . . .

WHEN the daily papers report on the forward march of medicine, the physician frequently hears echoes from his patients.

For example, "Should the new vitamins be included in my diet?" is not an improbable question for an intelligent patient to ask you.

Our Nutrition Laboratories, keeping abreast of the literature, have prepared an answer. It is given below. The references also are given. It is hoped that this material will be useful to you.

"THE STATUS in human nutrition of certain of the less well-known vitamins has not yet been definitely established. (1) Although it is quite likely that certain of these lesser-known factors—or other factors not yet postulated—play important roles in human nutrition, it is unlikely that a varied diet, including canned foods, which supplies optimal amounts of the better-known factors, will be deficient with respect to the less-known vitamins." (1) *What are the Vitamins?*, W. H. Eddy, Reinhold Publishing Corp., New York, 1941.

AMERICAN CAN COMPANY

230 Park Avenue, New York

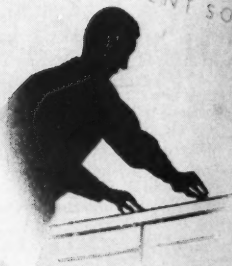


The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

... in dental lab

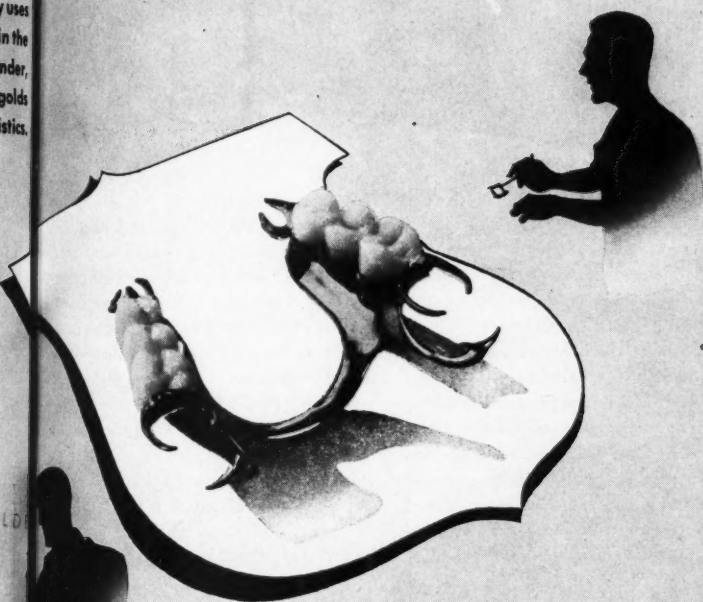
Very likely your own dental laboratory uses Aderer Golds. Their personal interest in the quality of technical service they render, influences their preference for these golds of superior quality and characteristics.

PROCAST • ORACAST • MULTICAST • SPEED-AND SEGMENT SOLD



laboratories...

y uses
in the
nder,
golds
stics.



ADERER GOLDS

Julius Aderer, Inc., New York • Chicago



Your Safety Committee



Abbott technicians, inspectors and control chemists in reality comprise a safety committee which constantly is on guard to protect the Abbott products you employ against the slightest possibility of contamination. For example, in the manufacture of Abbott Procaine Cartridges, they insist that the cartridges be prepared under rigidly aseptic conditions and then tested for sterility and freedom from yeasts, molds and bacteria. They also insist that the procaine hydrochloride used must be recrystallized to higher standards than U.S.P. requirements; that the water employed be chem-

ically treated and then distilled; that the solution be mixed in glass-lined containers and then filtered through porcelain; that the glass cartridges, rubber stoppers and plungers be sterilized before assembly; and that each lot of solution be subjected to tests for procaine content and pH as well as sterility. ● *Why not let this Abbott safety committee work for you?* You may obtain through your prescription pharmacy a complete selection of Abbott Procaine Cartridges, individually labelled and made to fit all standard dental syringes. ABBOTT LABORATORIES, North Chicago, Ill.

SPECIFY *Abbott's*

Procaine Hydrochloride 2% with Epinephrine 1:30,000

Procaine Hydrochloride 2% with Epinephrine 1:50,000

Procaine Hydrochloride 2% with Epinephrine 1:60,000

Procaine Hydrochloride 2% (without Epinephrine)

● in boxes of 10 and 100 cartridges

36th year of constant adherence
to basic formula perfected by
August E. Drucker

REVELATION

New metal-saving
package. No change
in basic formula.

TOOTH

POWDER



In military and civilian
practice, Dentists generally
have shown a decided pre-
ference for Revelation Tooth
Powder. They recommend its
use because it is a safe denti-
frice; cannot harm delicate
tissues. Cleans quickly, pleas-
antly and effectively.

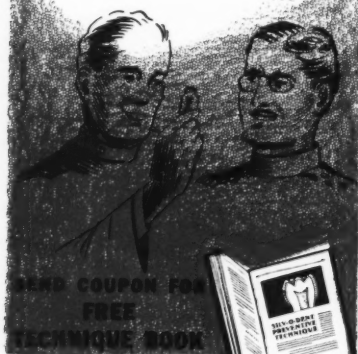
AUGUST E. DRUCKER CO.
San Francisco, Calif.

★ Buy War Bonds

The Profession Recognizes DEPENDABILITY



*"Here's a product
that I simply wouldn't
be without. It inhibits
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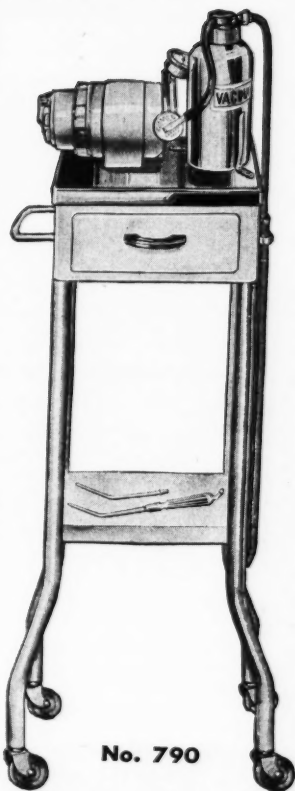
ST. PAUL, MINN.

★ The suction saliva, m an impo tive tech where ga guards a of a pat into the eliminate imizes tr removal thorough scessed c

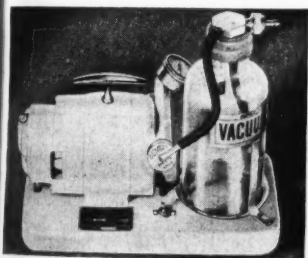


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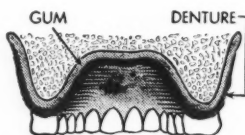


Figure 1.

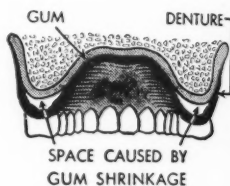


Figure 2.

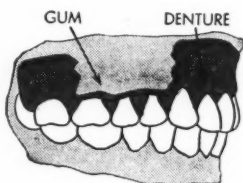


Figure 3.

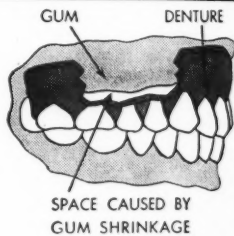


Figure 4.



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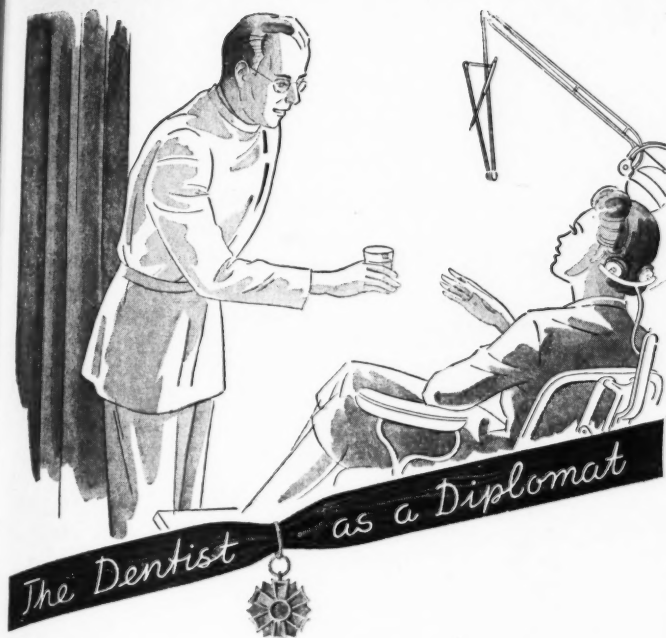
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* Journal of the A.M.A., July 18, 1942, pp. 948-9

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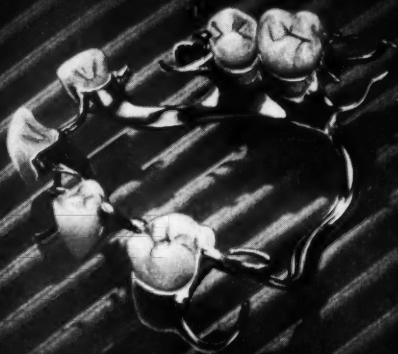
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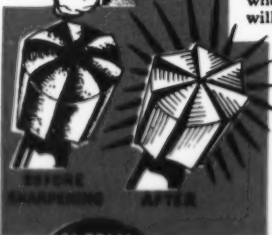
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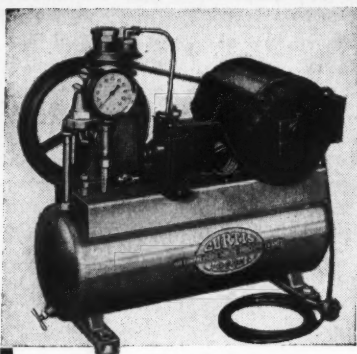
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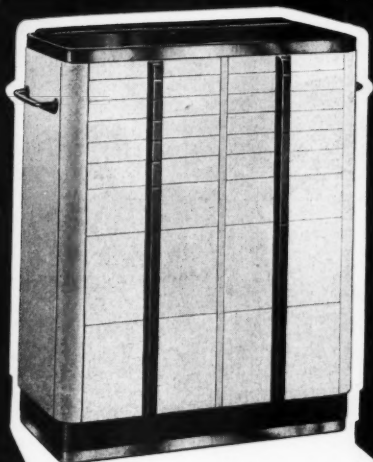
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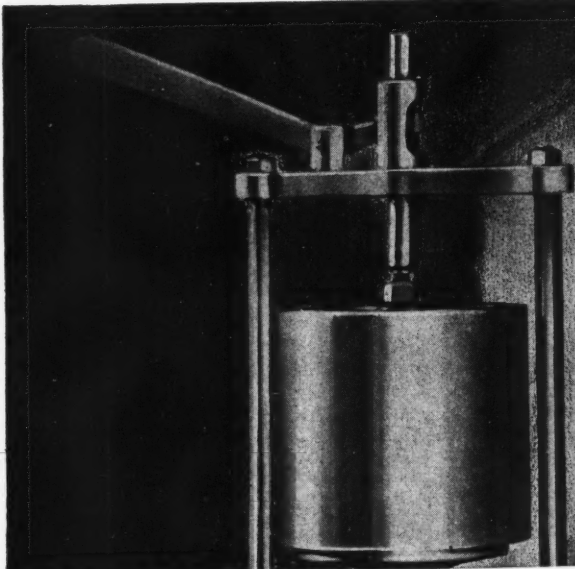
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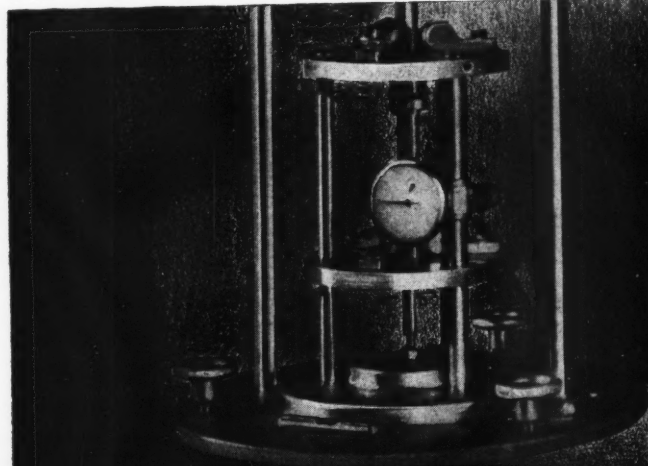


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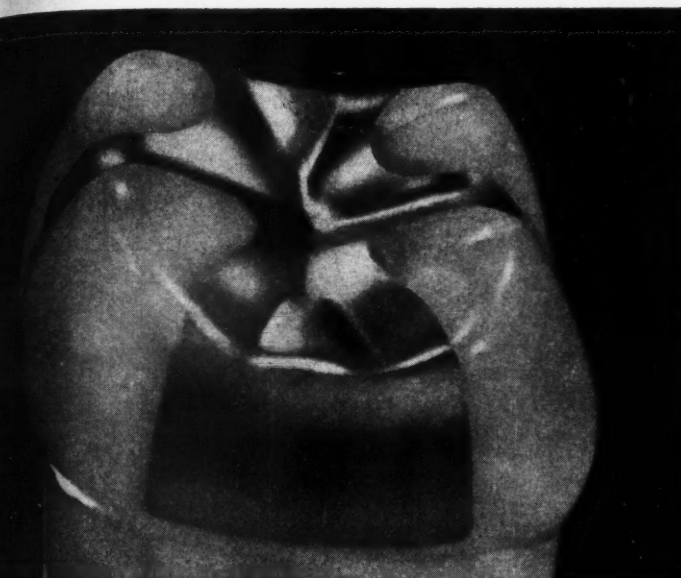
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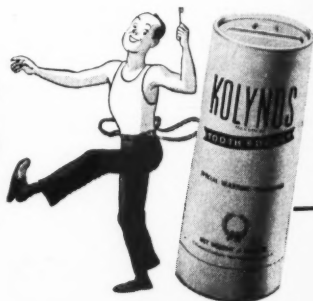
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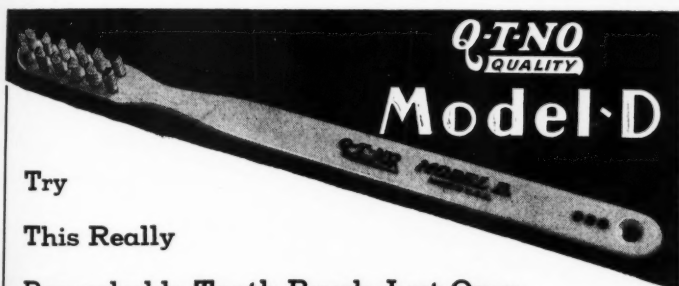
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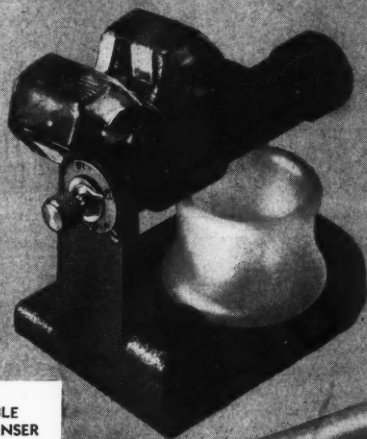
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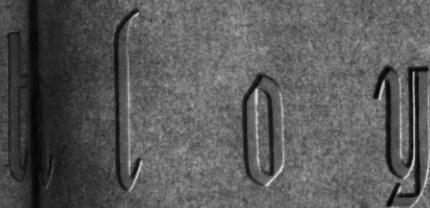
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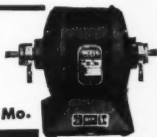
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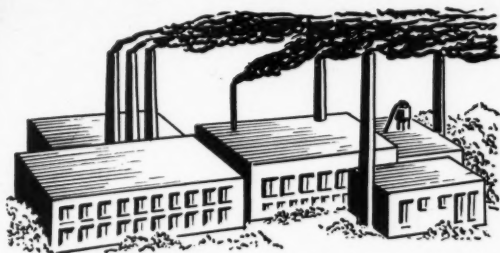
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